Item #	AZ Forms Produced (400-00-1023)
1	AZ 140
2	AZ 8453
3	AZ 140V

Item #	Changes to Federal Pats Test
1	Federal TP SSN to 400-00-7523
2	Note: Mr. Caden was an Arizona Resident upon entering the Navy
3	Dependent information
-	SSN 400-55-3023 to 400-55-7589
4	Current W2 #1
	Box $1 = \$49,600$
	Box $2 = \$1,200$
	Box $3 = \$49,600$
	Box $4 = \$3,075$
	Box $5 = \$49,600$
	Box $6 = \$719$
	Box $15 = NC$ to AZ
	Box 16 = \$49,600
	Box 17 = \$451
5	Current W2 #2
	Box $15 = NC$ to AZ

Label	For	the year Ja	n. 1-Dec. 31, 2004, or otl	ner tax year beginnin	g	, 2	004, ending		, 20	OMB. No. 15	45-0074
	Your first na	ame and ini	itial		Last name				Your so	cial security number	
(See A B Instructions B	TEST	ľЈ			CADEN				40	0-00-7523	<u> </u>
on page 16.)	If a joint ret	turn, spouse	e's first name and initial		Last name				Spouse'	's social security numb	ber
Use the IRS											
label. Otherwise,	Home addr	ess (numbe	er and street). If you have	a P.O. box, see pag	e 16.		Apt. n	0.		Important	!
please print R			RT E LEE							You must enter	
or type.	City, town o	or post office	e, state, and ZIP code. If	you have a foreign a						your SSN(s) abov	/e
Presidential _	FPO					962				_	
Election Campa	aign	,	e. Checking "Yes" wi		-				You	Spouse	7
(See page 16.)			you, or your spouse	if filing a joint retu				• ▶ <u>X</u>	Yes	No Yes	No
Filing 1	Single						nousehold (with qualifying iying person is a child but i				
Statue	\Box	•	intly (even if only on	•			s name here.	,		,	
Check only		filing sepai	rately. Enter spouse's SS	N above and full	F				4 - 1- 11 -1	/ 47\	
one box. nar	ne here.	Varm	a le le	-1-5			ing widow(er) with de	penden	t child	(see page 17) Boxes checked	
Exemptions	ь а 3	X Your	self. If someone can	ciaim you as a c	iependent, do no i	t cnec	K DOX 6a ••••			on 6a and 6b	1_
		□ cna.							ĺ	No. of children	
	b	Depend	JSE · · · · · · · ·	• • • • • • •	· · · · · · · · · · · · · · · · · · ·	• • •	(2) Dependentle	(4) Ch	eck if	on 6c who:	-
		•			(2) Dependent's social security num		(3) Dependent's relationship to	qualifyi	ng child ld tax see pg1	 lived with you did not live with 	
	(1) First na		Last name		,		you	credit (see pg1	(8) you due to divorce or separation	
If more than four	<u>JASM</u>]	LNE	CADEN		400-55-75	209	DAUGHTER		_	. (see page 18)	
dependents, see page 18.	-								\dashv	Dependents on 6c	
. •	-								\dashv	not entered above	
	d	Total nu	mber of exemptions	claimed						Add numbers on lines above	2
	7		salaries, tips, etc. A								
Income		agoo,		(5) 11					7	51	400
	8a	Taxable	interest. Attach Sch	edule B if require	ed • • • • • •		• • • • • • • • • •	 .	8a		062
Attach Form(s) W-2 here. Also	b		mpt interest. Do not	•		. 8b	.	80		<i>,</i>	002
attach Forms	9a	Ordinary	, dividends. Attach	Schedule B if req	uired • • • •	. 🗀	• • • • • • • • •		9a		120
W-2G and 1099-R if tax	b	•	, d dividends (see pag			. 9b	·	120			120
was withheld.	10	Taxable	refunds, credits, or	offsets of state a	nd local income ta	axes (see page 20) • • •		10		180
	11	Alimony	received						11	12.	000
If you did not	12	Busines	s income or (loss).	Attach Schedule	C or C-EZ • •				12		508)
get a W-2, see page 19.	13	Capital	gain or (loss). Attach	Schedule D if re	quired. If not requ	uired,	check here 🕨	· • X	13	, ,	25
occ page 10.	14	Other ga	ains or (losses). Atta	ach Form 4797					14		
Enclose, but do	15a	IRA dist	ributions	15a		b ⁻	Γaxable amount _{(see p}	age 22)	15b		
not attach, any payment. Also,	16a	Pension	s and annuities • •	16a		b ⁻	Γaxable amount _{(see p}	age 22)	16b		
please use	17						. Attach Schedule E		17		254
Form 1040-V.	18								18		<u>95</u>
	19								19		
	20a	Social s	ecurity benefits • •	20a		b ⁻	Taxable amount (see p	age 24)	20b		
	21	Other in	icome.								
									21		
	22						is your total income	· · >	22	63,	628
	23		or expenses (see pag			- 23	i				
Adjusted	24		usiness expenses of rese	,,	•	١.,					
Gross	25		government officials. Atta			24					
Income	25 26		luction (see page 26	•		_		1.0			
	26 27		loan interest deduct				<u> </u>	19			
	27 28		and fees deduction (savings account ded			_					
	20 29		expenses. Attach F			_		0.7			
	30	_	f of self-employment				-	07			
	31		ployed health insura								
	32		ployed SEP, SIMPLI			_					
	33		on early withdrawal					26			
	34a		paid b Recipient's			34		<u>. u</u>			
	35						-		35		852
	36		-						36	62.	776

2004

IRS Use Only-Do not write or staple in this space.

Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return

Form **1040**

A	RIZ	zQI	NA FORM	Resident Personal Income Tax Return			200)4
		14	40	Or fiscal year beginning2004 and ending2005.				
Г	\neg	FIRS	ST NAME AND INIT	TAL LAST NAME YOUR	R SOCIAL	SECU	JRITY NO.	
	1		ST J CAL		00-00			
Г	A JC 1	INI	RETURN, SPOUSE	E'S FIRST NAME AND INITIAL LAST NAME SPOU	JSE'S SOC	SIAL S	SECURITY NO.	
		-NIT I	LOME ADDDESS A	AND AND OTDEST DUDAN DOUTE. ADT NO DANTIME DUONE.	V			
Г	2 2			NUMBER AND STREET, RURAL ROUTE APT. NO. DAYTIME PHONE:	X			
		_	SS ROBERT N OR POST OFFIC		R DOR US	SE ON	II V	
Г	3				K DOK OC	JL OI	. L.1	
	4	<u> </u>		06222				
S	5	╁	Married filing joint	Id - name of qualifying child or dependent: JASMINE CADEN				
t a	6	╁		grate seturn. Feter anguals Social Social Social Number shows				
t 1 u	ľ		and full name her					
g s	7		Single					
Εt	8	00		Age 65 or over (you and/or spouse)	[80		
c i	9	00		Blind (you and/or spouse)	,			
n n	10	01	claimed. Do not put a	Dependents. From page 2, line A2 - do not include self or spouse. 82 CHECK ONE if filing un	ider an ext		n: 4 month extension 82D) [
s	11	00	check mark.	Qualifying parents and ancestors of your parents. From page 2, line A5.			6 month extension 82F	:
	THI YO	IS BO	OX MAY BE BLANK RETURN	COR MAY CONTAIN A PRINTED BARCODE OF DATA FROM 12 Federal adjusted gross income • •	• • • •	12	62,776	00
I f				13 Additions to income (from page 2, line	e B13) •	13	4,618	
i				14 Add lines 12 and 13 ••••••	• • • •	14	67 , 394	00
t e				15 (This line not used.)	<u></u>			
m	ĺ		 UI.	J. LLAN LIPLE DE A. DEPARTMENT ALLEGE, D. LEGELLO DE, C. MITTE	₆ 1	16	6,955	-
z i	ĺ			17 Arizona AGI. Line 14 minus line 16		17	60,439	-
n g				18 18 ITEMIZED 18 ^S X STAN	NDARD	18	8,100	-
_				19 Personal exemptions	0 0 0 0	19	4,200 48,139	-
a t			111 7 25	20 AZ taxable inc. Line 17 minus lines 18		20	1,474	$\overline{}$
t a c			■ ₩₹	22 Tax from recapture of credits		22	1,4/4	00
h				23 Subtotal of tax. Add lines 21 and 22		23	1,474	
y O				24 - 25 Clean Elections Fund Tax Reduc	ction.		± / 1 / 1	<u> </u>
ŭ					OUSE .	25		00
f	26	Re	duced tax. Subtract	l line 25 from line 23		26	1,474	00
e d	27	Fai	mily income tax cred	dit from worksheet on page 14 of instructions		27	•	00
e r	28	Cre	edits from Arizona F	Form 301, line 58, or Forms 310, 321, 322, and 323 if Form 301 is not required		28		00
a I	29	Cre	edit type. Enter forn	m number of each credit claimed: •••••• 29 3 3 3 3 3 3				
S	30	Cle	ean Elections Fund	Tax Credit. From worksheet on page 16 of the instructions	• • • •	30		00
h e	31	Bal	lance of tax. Subtract	ct lines 27, 28 and 30 from line 26. If the sum of lines 27, 28 and 30 is more than line 26, enter zero	• • • •	31	1,474	$\overline{}$
ď	32		zona income tax wit	•	• • • •	32	471	
l e	33		zona estimated tax			33		00
Α	34		•	4 Arizona extension request (Form 204)		34		00
&	35			Credit from worksheet on page 17 of the instructions		35		00
A	36		operty Tax Credit fro per refundable credi	its. Check box(es) & enter amount(s): 37A1 329 37 A2 330		36		00
r i z	38			lable credits. Add lines 32 through 37.		38	471	00
o n	39			s larger than line 38, subtract line 38 from line 31 and enter amount of tax due. Skip lines 40, 41 and 42		39	1,003	-
а	40			ne 38 is larger than line 31, subtract line 31 from line 38 and enter amount of overpayment.		40	_,000	00
S	41			e applied to 2005 estimated tax		41		00
h e	42	Bal	lance of overpayme	ent. Subtract line 41 from line 40	• • • •	42		00
ď	43	- 50	Aid to Educatio (entire refund only	on Arizona Wildlife 44 00 Citizens Clean Elections 45	00			
e e		Ch	ild Abuse Prevention	n 46 00 Domestic Violence 47 00 Neighbors Helping 48	00	1		
A			Special Olympic	Political Gift 50 00 Neighbors		1		
i f	51	Che	eck only one if maki	ing a political gift: 51 ¹ Democratic 51 ² Libertarian 51 ³ Republican		\vdash		
r	52		, , ,	nalty and MSA withdrawal penalty	• • • •	52		00
e q	53		eck applicable boxe	-	nalty			
ü	54			5, 46, 47, 48, 49, 50 and 52 · · · · · · · · · · · · · · · · · ·	• • • •	54		00
r e	55	RE	Direct Deposit of	the 54 from line 42. If less than zero, enter amount owed on line 56 frefund: See instructions.		55		00
d.		98	ROUTING NUM	BER ACCOUNT NUMBER C Checking or S Savings				
	56			dd lines 39 and 54. Make check payable to Arizona Department of Revenue: include SSN on payment.		56	1,003	00

Attach W-2 to back of

40 (2004)					Page 2 of
A: Dependents and Qualifying Parents - do not list yourself or spouse	1				
ting Part A, also complete Part C, lines C16 and/or C17 and C18. List children and other dependents. If more space is needed, attach a separate sheet. FIRST AND LAST NAME	SOCIAL SECURITY	ſ NO.	RELATIONSHI	P	NO. OF MONTHS LIVED IN YOUR HOME IN 2004
JASMINE CADEN 4			AUGHTER	12	
Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also of	complete Part C below.	• • •	·····TOTAL	A2	1
Enter the names of the dependents listed above who do not qualify as your dependent on you	our federal return:				
List qualifying parents and ancestors of your parents. If more space is needed, attach a sep	parate sheet. You cannot li	ist the sa	ame person here and also)	
on line A1. For information on who is a qualifying parent or ancestor of your parents, see pr	age 5 of the instructions.				
					NO. OF MONTHS LIVED IN YOUR
FIRST AND LAST NAME	SOCIAL SECURITY	'NO.	RELATIONSHIP	P	HOME IN 2004
				\longrightarrow	
Enter total number of persons listed in A4 here and on page 1 of this form, box 11.			· · · · · · TOTAL	A5	0
·					0
	turn				0
		· · · ·			4,618 0
·					4,6180
8			• • • • • • • •		0
					0
·					4,618 0
C: Subtractions from Income	-		-	1010	<u> </u>
	Г	C14	00	1	
				1	
		C16		-	
Exemption: Qualifying parents and ancestors of your parents. Multiply the number in				1	
box 11, page 1, by \$10,000 • • • • • • • • • • • • • • • • •		C17	00	, [
Total exemptions: Add lines C14 through C17. If you have no other subtractions from	_		•	1	
·	1, line 16			C18	2,300 0
Interest on U.S. obligations such as U.S. savings bonds and treasury bills				C19	37 0
	er) • • • • • • • • • • • • • • • • • • •			C20	0
Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	•			C21	0
				C22	0
Recalculated Arizona depreciation				C23	4,618 0
Certain wages of American Indians				C24	0
Income tax refund from other states. See instructions				C25	0
Deposits and employer contributions into MSAs. See pages 9 and 10 of the instructions				C26	0
Construction of an energy efficient residence. See page 10 of the instructions. Enter numbe	er: C27a , th	nen amo	ount.	C27	0
Other subtractions from income. See instructions and attach your own schedule			• • • • • • • • • •	C28	0
Total: Add lines C18 through C28. Enter here and on page 1 of this form, line 16	<u> </u>	· · · ·		C29	6,955 o
: Last Name(s) Used in Prior Years if different from name(s) used in c	urrent year				
These reed this rature and any attachments with it. Under negatives of perium. I declare the	t to the best of my knowled	d bne onl	haliof thay are true corre		
and complete. Declaration of preparer (other than taxpayer) is based on all information of w	hich preparer has any know	wledge.	Deller, triey are true, conc.	CI	
<u> </u>	<u>11-11-2004</u>	<u> </u>			
YOUR SIGNATURE	DATE				
<u> </u>					
	DATE				
SPOUSE'S SIGNATURE					
SPOUSE'S SIGNATURE					
PAID PREPARER'S SIGNATURE	FIRM'S NAME (PREPAR	RER'S IF	- SELF-EMPLOYED)		
	List children and other dependents. If more space is needed, attach a separate sheet. FIRST AND LAST NAME JASMINE CADEN Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also of Enter the names of the dependents listed above who do not qualify as your dependent on your list qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. FIRST AND LAST NAME Enter the names of the dependents listed above who do not qualify as your dependent on your list qualifying parents and ancestors of your parents. If more space is needed, attach a separate in line A1. For information on who is a qualifying parent or ancestor of your parents, see page in line A1. For information on who is a qualifying parent or ancestor of your parents, see page in line A1. For information on who is a qualifying parent or ancestor of your parents, see page in line at a line and the line and lin	List Children and other dependents. If more space is needed, attach a separate sheet. FIRST AND LAST NAME Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also complete Part C below. Enter the names of the dependents listed above who do not qualify as your dependent on your federal return: List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions. FIRST AND LAST NAME SOCIAL SECURITY Enter total number of persons listed in A4 here and on page 1 of this form, box 11. B: Additions to Income Non-Arizona municipal interest Early withdrawal of Arizona Retirement System contributions not included on your federal return Ordinary income portion of lump-sum distributions excluded on your federal return Ordinary income portion of lump-sum distributions excluded on your federal return Ordinary income portion of lump-sum distributions excluded on your federal return Ordinary income portion of lump-sum distributions and attach your own schedule Total. Add lines account (MSA) distributions. See page 6 of the instructions IR.C. 179 expense in excess of allowable amount. See page 6 of the instructions Other additions to income. See instructions and attach your own schedule Total. Add lines Be Bit mough B12. Enter here and on page 1 of this form, line 13 C: Subtractions from Income Exemption: Dependents. Multiply the number in box 8, page 1, by \$2,100 Exemption: Blind. Multiply the number in box 10, page 1, by \$2,300 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300 Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,500 Exemption: Dependents and ancestors of your parents. Multiply the number in box 10, page 1, b	List Qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. SOCIAL SECURITY NO. JASMTNE CADEN 400-55-7589 D2 Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also complete Part C below. Enter the names of the dependents listed above who do not qualify as your dependent on your federal return: List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the sa on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions. FIRST AND LAST NAME SOCIAL SECURITY NO. SOCIAL SECURITY NO. Enter total number of persons listed in A4 here and on page 1 of this form, box 11. B: Additions to Income Non-Artzona municipal interest Early withdrawal of Artzona Retirement System contributions not included on your federal return Ordinary income portion of lump-sum distributions excluded on your federal return Ordinary income portion of lump-sum distributions see page 6 of the instructions Other additions to income. See instructions and attach your own schedule Total. Add lines 86 through 812. Enter here and on page 1 of this form, line 13 C: Subtractions from Income Exemption: Dependents, Multiply the number in box 8, page 1, by \$2,100 Ct14 Exemption: Dependents, Multiply the number in box 10, page 1, by \$2,300 Ct16 Exemption: Dependents, Multiply the number in box 10, page 1, by \$2,300 Ct16 Exemption: Dependents, Multiply the number in box 10, page 1, by \$2,300 Ct16 Exemption: Dependents, Multiply the number in box 10, page 1, by \$2,300 Ct16 Exemption: Dependents, Multiply the number in box 10, page 1, by \$2,300 Ct16 Exemption: Dependents, Multiply the number in box 10, page 1, by \$2,300 Ct16 Exemption: Dependents, Multiply the number in box 10, page 1, by \$2,300 Ct16 Exemption: Dependents, Multiply the number in box 10, page 1, by \$2,300 Ct17 Total exemptions: Add lines Ct14 through Ct7. If you have	List cluster and other dependents. If more space is needed, attach a separate sheet. SOCIAL SECURITY NO. RELATIONSHI JASMINE CADEN 400-55-7589 PAUGHTER Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also complete Part C below. TOTAL Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also complete Part C below. TOTAL Enter the names of the dependents listed above who do not qualify as your dependent on your federal return: List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 5 of the instructions. FIRST AND LAST NAME SOCIAL SECURITY NO. RELATIONSHI Enter total number of persons listed in A4 here and on page 1 of this form, box 11. TOTAL B. Additions to Income Non-Arizons municipal interest Early withdrawed of Arizona Retirement System contributions not included on your federal return Cridinary income point on furney-sum distributions excluded on your federal return Cridinary income point on furney-sum distributions excluded on your federal return Cridinary income point on furney-sum distributions excluded on your federal return Cridinary income point on furney-sum distributions excluded on your federal return Cridinary income point on furney-sum distributions excluded on your federal return Cridinary income point on furney-sum distributions excluded on your federal return Cridinary income point on furney-sum distributions excluded on your federal return Cridinary income point on furney-sum distributions excluded on your federal return Cridial And lines Bit mough Bit 2 Enter here and on page 1 of this form, into 13 C: Subtractions from Income Exemption: Age of the sum of page 1 of this form, into 13 C: Subtractions from Income Exemption: Age of this page 1 of this form, into 13 Cridia And lines Bit Divologh C23 and enter th	List childen and other dependents. If more space is needed, attach a separate sheet. FIRST AND LAST NAME TOTAL A2 Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also complete Part C below. TOTAL A2 Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also complete Part C below. TOTAL A2 Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also complete Part C below. TOTAL A2 Enter total number of persons listed in A4 here and on page 1 of this form, box 10. Also complete Part C below. TOTAL B3 Enter the names of the dependents issed above who do not qualify as your dependent on your federal return. Eld qualifying parents and ancestors of your parents, see page 5 of the instructions. FIRST AND LAST NAME SOCIAL SECURITY NO. RELATIONSHIP Enter total number of persons listed in A4 here and on page 1 of this form, box 11. B3 Additions to Income Non Astrona municipal interest B4 B5 Additions to Income Non Astrona municipal interest B6 B7 B7 B8 B8 B8 B8 B8 B8 B8 B8

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016. (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ, 85072-2138. (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

a Control number		OMB No. 1545-	Safe, accurate, 0008 FAST! Use irs e-	Visit the IRS website at www.irs.gov.
b Employer identification number	•	•	1 Wages, tips, other compensation	2 Federal income tax withheld
99-1236541			49,600	1,200
C Employer's name, address, and ZIP code			3 Social security wages	4 Social security tax withheld
US NAVY			49,600	3,075
			5 Medicare wages and tips	6 Medicare tax withheld
1100 MILITARY AVE			49,600	719
WASHINGTON	DC	20222-1643	7 Social security tips	8 Allocated tips
d Employee's social security number			9 Advance EIC payment	10 Dependent care benefits
400-00-7523				·
e Employee's first name and initial	Last name		11 Nonqualified plans	12a See instructions for box 12
				^g P 2004 500
TEST J CADEN	1		13 Statutory Retmnt. Third-party sick pay	12b
USS ROBERT E LEE				Se
FPO	AP	96222	14 Other	12c 8
				co
				12d 8
				code
f Employee's address and ZIP code				
15 State Employer's state I.D. no. 16 State	te wages, tips, etc.	17 State income tax	18 Local wages, tips, etc. 19 Local in	come tax 20 Locality name
AZ 56124022	49,600	451		

2004

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

a Control number		ОМВ	No. 1545-00	Safe, accurate FAST! Use	irs e-f	Visit the at www.	IRS website irs.gov.
b Employer identification number				1 Wages, tips, other comp	ensation	2 Federal incom	ne tax withheld
56-1242342				1.	.800		210
C Employer's name, address, and ZIP code				3 Social security wages		4 Social security	y tax withheld
WILSONS SUPERMARKET			L	1,	,800		112
				5 Medicare wages and tips	s	6 Medicare tax	withheld
91 FISH HAWK CT			L		,800		26
WILMINGTON	NC	28403		7 Social security tips		8 Allocated tips	
d Employee's social security number $400-00-7523$				9 Advance EIC payment		10 Dependent ca	re benefits
e Employee's first name and initial	Last name		1	1 Nonqualified plans		12a See instruction	ns for box 12
TEST J CADE USS ROBERT E LEE	N		1	3 Statutory Retmnt. Ts	hird-party ick pay	12b &	
FPO	AP	96222		14 Other		12c &	
						12d S g e	
f Employee's address and ZIP code							
5 State Employer's state I.D. no. 16 St	ate wages, tips, etc.	17 State incom	ne tax	8 Local wages, tips, etc.	9 Local inc	ome tax 20	Locality name
AZ 56420214	1,800		20				
I							

2004

Department of the Treasury-Internal Revenue Service

Form W-2 Wage and Tax
Statement
Copy B - To Be Filed With Employee's FEDERAL Tax Return.
This information is being furnished to the Internal Revenue Service.

Form 1040 (200	4)TES	ST J CADEN		-00-7523 Page 2
Tax and	37	Amount from line 36 (adjusted gross income)	37	62,776
Credits	38a	Check You were born before January 2, 1940, Blind. Total boxes		
	1	if: Spouse was born before January 2, 1940, ☐ Blind. Schecked ▶38a ☐		
Standard Deduction	_ b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 31 & check here >38b		
for—	39	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	39	7,150
People who	40	Subtract line 39 from line 37 · · · · · · · · · · · · · · · · · ·	40	55 , 626
checked any box on line	41	If line 37 is \$107,025 or less, multiply \$3,100 by the total number of exemptions claimed on		
38a or 38b or who can be		line 6d. If line 37 is over \$107,025, see the worksheet on page 33 · · · · · · · · · · · · · · · · · ·	41	6,200
claimed as a	42	Taxable income. Subtract line 41 from line 40. If line 41 is more than line 40, enter -0-	42	49,426
dependent, see page 31.	43	Tax (see page 33). Check if any tax is from: a Form(s) 8814 b Form 4972 · · ·	43	7,941
All others:	44	Alternative minimum tax (see page 35). Attach Form 6251	44	
Single or	45	Add lines 43 and 44	45	7,941
Married filing separately,	46	Foreign tax credit. Attach Form 1116 if required •••••• 46	_	
\$4,850	47	Credit for child and dependent care expenses. Attach Form 2441 •••• 47	_	
Married filing	48	Credit for the elderly or the disabled. Attach Schedule R • • • 48		
jointly or	49	Education credits. Attach Form 8863 • • • • • • • • • • • • • • • • • • •		
Qualifying widow(er),	50	Retirement savings contributions credit. Attach Form 8880 • • • 50		
\$9,700	51	Child tax credit (see page 37) • • • • • • • • • • • • • • • • • • •		
Head of	52	Adoption credit. Attach Form 8839 • • • • • • • • • • • 52		
household, \$7,150	53	Credits from: a Form 8396 b Form 8859 • • • • 53		
Ψ1,100	54	Other credits. Check applicable box(es): a Form 3800		
		b Form 8801 c Specify 54		
	55	Add lines 46 through 54. These are your total credits	55	
	56	Subtract line 55 from line 45. If line 55 is more than line 45, enter -0-	56	7,941
Other	57	Self-employment tax. Attach Schedule SE · · · · · · · · · · · · · · · · · ·	57	
Taxes	58	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137 •	58	
Taxes	59	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required •	59	
	60	Advance earned income credit payments from Form(s) W-2	60	
	61	Household employment taxes. Attach Schedule H · · · · · · · · · · · · · · · · · ·	61	
	62	Add lines 56 through 61. This is your total tax	62	7 , 941
Payments	63	Federal income tax withheld from Forms W-2 and 1099 · · · · 63 1, 410	_	
If you have a	_64	2004 estimated tax payments and amount applied from 2003 return • • • • 64	_	
qualifying	65a ┌─	Earned income credit (EIC) 65a	-	
child, attach Schedule EIC.	b	Nontaxable combat pay election · • ▶ 65b		
	66	Excess social security and tier 1 RRTA tax withheld (see page 54) •••• 66	-	
	67	Additional child tax credit. Attach Form 8812	-	
	68	Amount paid with request for extension to file (see page 54) • • 68	-	
	69 70	Other payments from: a Form 2439 b Form 4136 c Form 8885 69	- 70	4 440
-	71	Add lines 63, 64, 65a, and 66 through 69. These are your total payments	70	1,410
Refund	71 72a	If line 70 is more than line 62, subtract line 62 from line 70. This is the amount you Amount of line 71 you want refunded to you ••••• ••• ••• ••• ••• ••• •••	71 72a	
Direct deposit?	▶ b	Routing number Savings	120	
See page 54 and fill in 72b,	▶ d	Account number		
72c, and 72d.	73			
Amount	74	Amount of line 71 you want applied to your 2005 estimated tax •••• 73 Amount you owe. Subtract line 70 from line 62. For details on how to pay, see page 55	74	6,531
You Owe	75	Estimated tax penalty (see page 55) 75		0,331
		, , , , , ,	omplet	e the following. No
Third Party	Desiar	Deci's name		°
Designee		Personal ident N DOE 888-555-1111 number (PIN)	ilication	► 1 1 1 2 2
Sign		penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the	best of r	my knowledge and
Here	belief,	they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which properties they are true, correct, and complete.	reparer h	nas any knowledge.
Joint return?	Your s	ignature Date Your occupation		Daytime phone number
See page 17.	\	SAILOR		
Keep a copy for your	Spous	e's signature. If a joint return, both must sign. Date Spouse's occupation		
records.				
Paid	Prepar		Prep	parer's SSN or PTIN
Preparer's	signati	John Striptoyou		
Use Only		name (or EIN fiself-employed),		
300 O.III		ss, and ZIP code		
		Phone	e no	

Schedules A&B (Form 1040) 2004 OMB No. 1545-0074 Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1. Your social security number TEST J CADEN 400-00-7523 Attachment Schedule B-Interest and Ordinary Dividends Sequence No. List name of payer. If any interest is from a seller-financed mortgage and the Amount Part I buyer used the property as a personal residence, see page B-1 and list this Interest interest first. Also, show that buyer's social security number and address 400-44-1023 SAMUEL LIVINGSTON (See page B-1 16 WALLINGTON RD FRANKLIN NC 28734 415 and the instructions for RIDGECREST SAVINGS BANK 610 Form 1040, 180 US SAVINGS BOND line 8a.) 80 US S & L 1 39 OFFSPRING BANK FIRST ISSUE 47 Note. If you 67 TO Z BROKERS received a Form 1099-INT, Form 1,438 1099-OID, or INTEREST SUBTOTAL substitute NOMINEE DISTRIBUTION 39 statement from ACCRUED INTEREST 67 a brokerage firm, list the firm's 80 TAX-EXEMPT INTEREST name as the OID ADJUSTMENT 47 payer and enter the total interest shown on that 2 205 form. Excludable interest on series EE and I U.S. savings bonds issued after 1989. 3 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a · · · · ▶ Note: If line 4 is over \$1,500, you must complete Part III. Amount List name of payer > Part II **Ordinary** 120 & B CORP **Dividends** ABC CORP (See page B-2 and the instructions for Form 1040, line 9a.) 5 Note. If you 164 DIVIDEND SUBTOTAL NOMINEE DISTRIBUTION

received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

		1	
6	Add the amounts on line 5. Enter the total here and on Form 1040, line 9a · · · · · •	6	120
Note	If line 6 is over \$1,500, you must complete Part III.		

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had Part III **Foreign Accounts**

Yes No a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust. At any time during 2004, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? X **b** If "Yes," enter the name of the foreign country During 2004, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2

and Trusts

SCHEDULE C (Form 1040)

Department of the Treasury

Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.

► Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule C (Form 1040).

2004

OMB No. 1545-0074

Name of proprietor					- 1		rity number (SSN)
TEST J CADEN							00-7523
A Principal business or profession,	including prod	uct or service (see pa	ge C-2	? of the instructions)	В	Enter co	de from pages C-7, 8, & 9
PAINTING					ᆫ	>	235210
C Business name. If no separate bu	usiness name,	leave blank.			D	Employe	r ID number (EIN), if any
OUALITY HOUSE PAINT							
E Business address (including suite	or room no.)	▶ 16 MAIN S	T				
City, town or post office, state, ar	nd ZIP code	WILMINGTO	N_	NC 284	103		
F Accounting method: (1)	X Cash (2) Accrual	(3)	Other (specify)			
G Did you "materially participate" in			g 2004	1? If "No," see page C-3 for limit	on lo	sses	· · · X Yes No
H If you started or acquired this bus	siness during 2	004, check here					· · · · · · ▶ X
Part I Income							
1 Gross receipts or sales. Caution.	If this income	was reported to you o	n Forr	n W-2 and the "Statutory			
employee" box on that form was	checked, see p	page C-3 and check h	ere	• • • • • • • • • • •		1	1,980
					••[2	
3 Subtract line 2 from line 1 · · ·					• • [3	1,980
4 Cost of goods sold (from line 42	on page 2)				• • [4	•
5 Gross profit. Subtract line 4 from	line 3 • •		· • •		• • [5	1,980
6 Other income, including Federal	and state gaso	line or fuel tax credit	or refu	nd (see page C-3)	• • [6	
					Γ		
7 Gross income. Add lines 5 and 6						7	1,980
Part II Expenses. Enter e	xpenses for bu	usiness use of your ho	me or	ily on line 30.			
8 Advertising	- 8		19	Pension and profit-sharing plan	าร	19	
9 Car and truck expenses (see			20	Rent or lease (see page C-5):			
page C-3) • • • • • • • • •	. 9		а	Vehicles, machinery, and equipment		20a	
10 Commissions and fees · · · ·	- 10		b	Other business property • •	• • [20b	
			21	Repairs and maintenance •	• • [21	
11 Contract labor (see page C-4)	- 11		22	Supplies (not included in Part III) •	• • [22	760
12 Depletion • • • • • • • • • • • • • • • • • • •	- 12		23	Taxes and licenses · · · ·	• • [23	
13 Depreciation and section 179			24	Travel, meals, and entertainment:			
expense deduction (not included			а	Travel	٠.	24a	
in Part III) (see page C-4) · · ·	- 13	1,300	b	Meals and	_		
14 Employee benefit programs		•		entertainment			
(other than on line 19) · · · ·	- 14		С	Enter nondeduct-			
15 Insurance (other than health) •	- 15			ible amount in-			
16 Interest:				cluded on line 24b (see page C-5)			
a Mortgage (paid to banks, etc.) •	- 16a		d	Subtract line 24c from line 24b	$-\cdot$	24d	
b Other • • • • • • • • • • • •	- 16b		25	Utilities • • • • • • • • • • • • • • • • • • •	• • [25	
17 Legal and professional			26	Wages (less employment credits)	• • [26	
services	- 17		27	Other expenses (from line 48 c	on [
18 Office expense • • • • • • •	- 18			page 2) • • • • • • • •	• •	27	
28 Total expenses before expenses	for business u	se of home. Add lines	8 thro	ough 27 in columns	ightharpoonup	28	2,060
							_
29 Tentative profit (loss). Subtract li	ne 28 from line	7			• •	29	(80)
30 Expenses for business use of yo	ur home. Attac	h Form 8829 • • •			$\cdot \cdot $	30	
31 Net profit or (loss). Subtract line	30 from line 29	9.					
 If a profit, enter on Form 1040 	, line 12 , and a	ilso on Schedule SE,	line 2 (statutory employees,	7 l		
see page C-6). Estates and trust	s, enter on For	m 1041, line 3.				31	(80)
 If a loss, you must go to line 3 	32.			-			
32 If you have a loss, check the box	that describes	your investment in th	is activ	vity (see page C-6).	7		
 If you checked 32a, enter the 					3	2a 🗌	All investment is at risk.
(statutory employees, see page 0	C-6). Estates a	and trusts, enter on Fo	orm 10	41, line 3.	3	2b X	Some investment is not
 If you checked 32b, you must 				_	┙		at risk.

SCHEDULE C (Form 1040)

Department of the Treasury

Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.

► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule C (Form 1040).

2004

2004

OMB No. 1545-0074

Name of proprietor				Social security n	` '
TEST J CADEN				400-00	
A Principal business or profession,	ncluding produ	ıct or service (see pa	ge C-2 of the instructions)		om pages C-7, 8, & 9
VENDING MACHINES					454210
C Business name. If no separate bu	siness name, l	eave blank.		D Employer ID	number (EIN), if any
CADENS SNACKS					
E Business address (including suite	or room no.)	▶ 16 MAIN S	ST		
City, town or post office, state, an	d ZIP code	WILMINGTO	<u>NC 28</u>	403	
	X Cash (2)		(3) Other (specify)		
G Did you "materially participate" in	the operation of	of this business durin	g 2004? If "No," see page C-3 for lim	nit on losses •	· · X Yes No
H If you started or acquired this bus	iness during 20	004, check here			▶
Part I Income					
1 Gross receipts or sales. Caution.	If this income v	was reported to you o	on Form W-2 and the "Statutory		
employee" box on that form was	checked, see p	age C-3 and check h	ere · · · · · · · · · · · · · · · · · ·		2,955
2 Returns and allowances • • •	 .	 .		2	•
3 Subtract line 2 from line 1 • • •	 .	 .		3	2,955
4 Cost of goods sold (from line 42 of	on page 2)			4	1,379
•	•				
5 Gross profit. Subtract line 4 from	line 3 • • •			5	1,576
6 Other income, including Federal a	and state gasol	ine or fuel tax credit	or refund (see page C-3) • • • •	6	
-	•		·		
7 Gross income. Add lines 5 and 6				. ▶ 7	1,576
Part II Expenses. Enter e.	xpenses for bu	siness use of your ho	ome only on line 30.		
8 Advertising · · · · · · ·		•	19 Pension and profit-sharing pla	ans 19	
9 Car and truck expenses (see			20 Rent or lease (see page C-5)		
page C-3) • • • • • • • • • • • • • • • • • • •	. 9	486	a Vehicles, machinery, and equipmen		
10 Commissions and fees • • • •	. 10		b Other business property •	20b	
			21 Repairs and maintenance	21	
11 Contract labor (see page C-4)	. 11		22 Supplies (not included in Part III)	22	26
12 Depletion • • • • • • • • • • • • • • • • • • •	. 12		23 Taxes and licenses · · ·	23	120
13 Depreciation and section 179			24 Travel, meals, and entertainment:		
expense deduction (not included			a Travel · · · · · · · · ·	24a	
in Part III) (see page C-4) • • •	. 13	968	b Meals and	L	
14 Employee benefit programs			entertainment		
(other than on line 19) · · · ·	. 14		C Enter nondeduct-		
15 Insurance (other than health) •		118	ible amount in-		
16 Interest:			cluded on line 24b (see page C-5)		
a Mortgage (paid to banks, etc.) •	. 16a		d Subtract line 24c from line 24	b • 24d	
b Other • • • • • • • • • • • • • • • • • • •	. 16b		25 Utilities	25	
17 Legal and professional			26 Wages (less employment credits)	26	
services	. 17		27 Other expenses (from line 48	 	
18 Office expense · · · · · ·	. 18		page 2) · · · · · · ·		
28 Total expenses before expenses	for business us	se of home. Add lines			1,718
					17,110
29 Tentative profit (loss). Subtract lir	e 28 from line	7		29	(142)
30 Expenses for business use of you				30	(112)
31 Net profit or (loss). Subtract line					
 If a profit, enter on Form 1040. 			line 2 (statutory employees.	$\neg \mid \mid$	
see page C-6). Estates and trusts			(31	(142)
 If a loss, you must go to line 3 		,			(174)
32 If you have a loss, check the box		vour investment in th	is activity (see page C-6).	_	
 If you checked 32a, enter the 				32a 🗌 A	Il investment is at risk.
(statutory employees, see page 0				201	ome investment is not
If you checked 32b, you must					risk.

Schedu	le C (Form 1040) 2004 VENDING MACHINES 454210			Page 2
Name(s	,	SN		
TES Part		<u> 100-</u>	00-7523	
33	Method(s) used to			
	value closing inventory: a X Cost b Lower of cost or market c Other (attack	n expla	nation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor	y? If		Π.
	"Yes," attach explanation · · · · · · · · · · · · · · · · · · ·	Ι	·· Yes	X No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation •••••	35		415
				-
36	Purchases less cost of items withdrawn for personal use	36		1,623
37	Cost of labor. Do not include any amounts paid to yourself	37		
38	Materials and supplies	38		
39	Other costs · · · · · · · · · · · · · · · · · ·	39		
33		33		
40	Add lines 35 through 39 · · · · · · · · · · · · · · · · · ·	40		2,038
		١.,		
41	Inventory at end of year	41		659
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 · · · · ·	42		1,379
Part			on	
	line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on pa C-4 to find out if you must file Form 4562.	age		
	C-4 to find out if you must file 1 offit 4302.			
43	When did you place your vehicle in service for business purposes? (year, month, day)			
44		-1-1-1-	6	
44	Of the total number of miles you drove your vehicle during 2004, enter the number of miles you used your vehicle during 2004, enter the number of miles you will not be a simple of the number of miles you will not be a simple of the number of miles you will not be a simple of the number of miles you will not be a simple of miles you will not be a simple of the number of miles you will not be a simple of miles you wi	enicie	TOT:	
а	Business b Commuting c C	ther		
45	Do you (or your spouse) have another vehicle available for personal use? • • • • • • • • • • • • • • • • • • •	• • •	· · Yes	No
46	Was your vehicle available for personal use during off-duty hours?		· · Yes	No
47 a	Do you have evidence to support your deduction?	• • •	· · Yes	No
b	If "Yes," is the evidence written?		· · Yes	No
Part				
	•			
48	Total other expenses. Enter here and on page 1, line 27	48		
70	rotal other expenses. Enter here and on page 1, line 21	1 -0	I	

SCHEDULE C (Form 1040)

Department of the Treasury

Internal Revenue Service Name of proprietor

Profit or Loss From Business

(Sole Proprietorship)

▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.

► Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule C (Form 1040).

2004

OMB No. 1545-0074

Na	me of proprietor					So	cial security number (SSN)	
TE	EST J CADEN 4				400-00-7523			
Α	Principal business or profession, in	cluding	product or service (see page	je C-2	2 of the instructions)	В	Enter code from pages C-7, 8, & 9	
FΙ	LEA MARKET						▶ 454390	
С	Business name. If no separate bus	iness n	ame, leave blank.			D	Employer ID number (EIN), if any	
<u>C</u>	ADENS BARGAINS							
E	Business address (including suite of			T				
	City, town or post office, state, and	_			NC 2840	3		
		Cash		(3)	Other (specify)			
	Did you "materially participate" in the				· -			
_	If you started or acquired this busin	ess du	ring 2004, check here •	• •	• • • • • • • • • • • • • • • • • • • •	• •	· · · · · · · · > X	
	art I Income							
1	Gross receipts or sales. Caution. If					٦		
_	employee" box on that form was ch					╛┢	1 420	
	. totallio dilla dillottallioco					۱,	2	
	Subtract line 2 from line 1 • • • •					٠,	3 420	
4	Cost of goods sold (from line 42 or	page 2	2)	• • •	• • • • • • • • • • • • • • • • • • • •	۱,	4 420	
_							_	
	Gross profit. Subtract line 4 from li			• • •		٠,	5	
6	Other income, including Federal ar	id state	gasoline or fuel tax credit o	r retu	ind (see page C-3)	٠,	6	
_	Once to come A LLE 5 LO						_	
	Gross income. Add lines 5 and 6				<u> </u>	<u> </u>	7	
			for business use of your hor	T		_	40	
	Advertising • • • • • • • • • • • • • • • • • • •	8		1	Pension and profit-sharing plans	Н	19	
9	Car and truck expenses (see			l	Rent or lease (see page C-5):		200	
40	page C-3) · · · · · · · · · · · · · · · · · · ·	9		1	Vehicles, machinery, and equipment	- ⊢	20a	
10	Commissions and fees • • • • •	10		1	Other business property • • •		20b	
44	Contract labor (con page C. 4)	44		21	Repairs and maintenance • •		21	
	Contract labor (see page C-4) •	11		22	Supplies (not included in Part III) • •		22 206	
	Depletion · · · · · · · · · · · · · · · · · · ·	12		23	Taxes and licenses · · · · ·	١,	23	
13	Depreciation and section 179			24	Travel, meals, and entertainment:		245	
	expense deduction (not included	42	0.0		Travel	٠.	24a	
4.4	in Part III) (see page C-4) • • • •	13	80	l b	Meals and			
14	Employee benefit programs (other than on line 19) • • • • •	14			entertainment			
15	'	15		С	Enter nondeduct- ible amount in-			
	Insurance (other than health) • • Interest:	13			cluded on line 24b			
	Mortgage (paid to banks, etc.) • •	16a		۱ ,	(see page C-5) • Subtract line 24c from line 24b	Т	24d	
	Other • • • • • • • • • • • • • •	16b		25	Utilities •••••••	`⊢	25	
	Legal and professional			26	Wages (less employment credits)		26	
••	services · · · · · · · · · ·	17		27	Other expenses (from line 48 on		25	
18	Office expense · · · · · · ·	18		l - '	page 2) · · · · · · · · · ·		27	
	Total expenses before expenses for		ess use of home. Add lines	8 thr	1 0 7		28 286	
	Total expenses before expenses to	n busin	coo doc of floring. Add lifeo	O and	ough 27 in columns	์ ├	280	
29	Tentative profit (loss). Subtract line	28 from	m line 7				29 (286)	
	Expenses for business use of your					.Ի	30	
	Net profit or (loss). Subtract line 30			- '				
	 If a profit, enter on Form 1040, I 			ne 2	(statutory employees			
	see page C-6). Estates and trusts,				(Classicity Chiprojeco,		31 (200)	
	 If a loss, you must go to line 32. 					_	(200)	
32	If you have a loss, check the box th		cribes your investment in this	s acti	vity (see page C-6)			
_	 If you checked 32a, enter the lo 					3	2a All investment is at risk.	
	(statutory employees, see page C-					•	2b X Some investment is not	
	If you checked 32b, you must at			. •		-	at risk.	

Schedu	e C (Form 1040) 20	O4 FLEA MA	RKET 454	1390						Page 2
Name(s							SSN		7500	
Part	Cost of	Goods Sold (see	page C-6)				4 (<u> </u>	-7523	
33	Method(s) used to value closing inven			ower of cost o	r market	c Othe	er (attach e	explanatio	on)	
34	Was there any cha "Yes," attach expla	nge in determining q nation • • • • • •	uantities, costs,	or valuations	between open	ning and closing	inventory?	P If	Yes	X No
35	Inventory at beginn	ing of year. If differe	ent from last yea	ar's closing inv	entory, attach	explanation •		35		
36	Purchases less cos	et of items withdrawn	for personal us	se •••••			• • •	36		300
37	Cost of labor. Do r	ot include any amou	ınts paid to youı	rself • • •	• • • • • •		• • •	37		
38	Materials and supp						ŀ	38		120
39		• • • • • • • • • • • • • • • • • • • •					F	39		
40		ıh 39 • • • • • •						40		420
41	· · · · · · · · · · · · · · · · · · ·	year · · · · · ·					Ī	41		400
Part	V Informa	Subtract line 41 from on Your Very tion on Your Very transfer on the required to fill out if you must file F	ehicle. Comple le Form 4562 fo	lete this part o	nly if you are o	claiming car or to	ruck exper			420
43	When did you place	e your vehicle in serv	vice for business	s purposes? (year, month, d	lay)	<u> </u>			
44	Of the total number	of miles you drove	your vehicle dur	ring 2004, ente	er the number	of miles you use	ed your vel	nicle for:		
а	Business		b Com	muting			c Oth	er		
45	Do you (or your sp	ouse) have another v	vehicle available	e for personal	use? •••			• • • •	Yes	No
46	Was your vehicle a	vailable for personal	use during off-	duty hours?			• • • • •	• • • •	Yes	No
47 a	Do you have evide	nce to support your o	deduction? •				• • • • •	• • • •	Yes	☐ No
b	If "Yes," is the evid	ence written? •• penses. List belo	· · · · · · · ·	· · · · · · ·	ludad an linea	0.06 or line 20			Yes	No
Part	V Other Ex	penses. List beit	ow pusitiess ext	Delises flot file	idded on lines	0-20 OF III E 30.				
							Т			

SCHEDULE C (Form 1040)

Department of the Treasury

Internal Revenue Service

Profit or Loss From Business

(Sole Proprietorship)

► Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B.

► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule C (Form 1040).

2004

OMB No. 1545-0074

Name of proprietor					ty number (SSN)
TEST J CADEN			0.0 (# 1 / // // // // // // // // // // // //		0-7523
A Principal business or professi	on, including produc	ct or service (see pa	ge C-2 of the instructions)	B Enter coo	le from pages C-7, 8, & 9
BAKERY					311800
C Business name. If no separat	e business name, le	eave blank.		D Employer	ID number (EIN), if any
CADENS COOKIES					
E Business address (including s		22 MAIN S			
City, town or post office, state		WILMINGTO		103	
	(1) X Cash (2)		(3) Other (specify)		
			g 2004? If "No," see page C-3 for limit		· · · X Yes No
If you started or acquired this	business during 20	04, check here			• • • • • • • •
Part I Income					
1 Gross receipts or sales. Caut			-	\Box \Box . \Box	
			nere • • • • • • • • • • • • • • • • • •		1,946
				1 - 1	
					1,946
4 Cost of goods sold (from line	42 on page 2) •	• • • • • • • • • •		• • 4	1,165
.					
5 Gross profit. Subtract line 4 f				5	781
6 Other income, including Fede	eral and state gasoli	ne or fuel tax credit	or retund (see page C-3) · · · ·	• • 6	
T. Ourse to				_ _	_
				▶ 7	781
			ome only on line 30.	1 1	
8 Advertising • • • • • • •		120	19 Pension and profit-sharing plar	ns 19	
9 Car and truck expenses (see			20 Rent or lease (see page C-5):		
page C-3) · · · · · · ·		262	a Vehicles, machinery, and equipment	- 20a	
10 Commissions and fees • •	10		b Other business property • •	· · 20b	
				• • 21	
11 Contract labor (see page C-4			22 Supplies (not included in Part III) •	· · 22	196
12 Depletion • • • • • • •			23 Taxes and licenses · · · ·	23	100
13 Depreciation and section 179			24 Travel, meals, and entertainment:		
expense deduction (not include			a Travel • • • • • • • • • • • • • • • • • • •	· · 24a	
in Part III) (see page C-4) •	13	623	b Meals and		
14 Employee benefit programs			entertainment		
(other than on line 19) • •			C Enter nondeduct-		
15 Insurance (other than health)	15		ible amount in- cluded on line 24b		
16 Interest:			(see page C-5) •		
a Mortgage (paid to banks, etc.			d Subtract line 24c from line 24b		
b Other • • • • • • • • • • • • • • • • • • •	16b		25 Utilities · · · · · · · ·	25	400
17 Legal and professional	,_		26 Wages (less employment credits)		
services			27 Other expenses (from line 48 c		
18 Office expense · · · · ·		76	page 2) · · · · · · · ·		
28 Total expenses before expen	ses for business us	e of home. Add lines	s 8 through 27 in columns • • • • •	▶ 28	1,777
20 T		_			
Tentative profit (loss). Subtra				29	(996)
Expenses for business use of	•	rorm 8829 • • •		30	
31 Net profit or (loss). Subtract I		a an Oakedala CT	line O (atatutama ana l	_	
If a profit, enter on Form 1			iine 2 (statutory employees,		
see page C-6). Estates and to		1 1041, line 3.		31	(996)
If a loss, you must go to lii			-	_	
If you have a loss, check the]	
If you checked 32a, enter				32a	All investment is at risk.
(statutory employees, see pa	-		orm 1041, line 3.	32b X	Some investment is not
If you checked 32b, you m	ust attach Form 619	98.	-	_	at risk.

Schedul	e C (Form 1040) 2004 BAKERY 311800			Page 2
Name(s	•	SSN		
	T J CADEN Cost of Goods Sold (see page C-6)	400-	<u>-00-7523</u>	
Part I	Method(s) used to			
55	value closing inventory: a Cost b Lower of cost or market c Other (at	tach expla	anation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inverges," attach explanation • • • • • • • • • • • • • • • • • • •	ntory? If	· · Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation • • •	- 35		
36	Purchases less cost of items withdrawn for personal use	- 36		
37	Cost of labor. Do not include any amounts paid to yourself	- 37		
38	Materials and supplies	- 38		1,165
39	Other costs · · · · · · · · · · · · · · · · · ·	- 39		
40	Add lines 35 through 39 · · · · · · · · · · · · · · · · · ·	- 40		1,165
41	Inventory at end of year	- 41		
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 • • • •			1,165
Part	Information on Your Vehicle. Complete this part only if you are claiming car or truck line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 o C-4 to find out if you must file Form 4562.		on	
	•			
43	When did you place your vehicle in service for business purposes? (year, month, day)			
44	Of the total number of miles you drove your vehicle during 2004, enter the number of miles you used yo	ur vehicle	for:	
а		C Other		
45	Do you (or your spouse) have another vehicle available for personal use? • • • • • • • • • • • • • • • • • • •			∐ No
46	Was your vehicle available for personal use during off-duty hours?		Yes	∐ No
47 a	Do you have evidence to support your deduction?		Yes	∐ No
b	If "Yes," is the evidence written?		Yes	No
Part '	V Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
48	Total other expenses. Enter here and on page 1, line 27	. 48		

SCHEDULE C (Form 1040)

Profit or Loss From Business

(Sole Proprietorship)

2004

OMB No. 1545-0074

▶ Partnerships, joint ventures, etc., must file Form 1065 or Form 1065-B. Department of the Treasury ► Attach to Form 1040 or Form 1041. ► See Instructions for Schedule C (Form 1040). Internal Revenue Service Name of proprietor

TEST J CADEN					I			
A Principal business or profession	on, includina produ	ct or service (see na	age C-2	of the instructions)		400-00-7523 B Enter code from pages C-7, 8, & 9		
VARIOUS ENDEAVORS	,	(p	J = -	 ,		>	453990	
C Business name. If no separate	business name, le	eave blank.			D	Employer ID :	number (EIN), if any	
ODDS AND ENDS	,					p.oyo. 12 .		
E Business address (including su	uite or room no.)	16 MATN 9	ST.		I			
City, town or post office, state,		WILMINGTO		NC 2	8403			
	1) X Cash (2)		(3)	Other (specify)	0100			
G Did you "materially participate"				_	mit on los	sses •	· · X Yes No	
H If you started or acquired this b								
Part I Income		<u> </u>					. [44]	
1 Gross receipts or sales. Caution	on. If this income w	as reported to you	on Form	W-2 and the "Statutory		\Box		
employee" box on that form wa	as checked, see pa	age C-3 and check h	here			1	400	
2 Returns and allowances • •						2		
3 Subtract line 2 from line 1 • •					[3	400	
4 Cost of goods sold (from line 4	12 on page 2) •				[4		
5 Gross profit. Subtract line 4 fro	om line 3 · · ·					5	400	
6 Other income, including Feder	al and state gasoli	ne or fuel tax credit	or refun	d (see page C-3)	[6		
7 Gross income. Add lines 5 and	d6 • • • • • • •				▶	7	400	
Part II Expenses. Ente	er expenses for bus	iness use of your ho	ome onl	y on line 30.	•			
8 Advertising • • • • • •				Pension and profit-sharing	olans	19		
9 Car and truck expenses (see			20	Rent or lease (see page C-	5):			
page C-3) • • • • • • •	9		а	Vehicles, machinery, and equipme	ent •	20a		
10 Commissions and fees • • •	10		b	Other business property	7	20b		
			21	Repairs and maintenance	[21		
11 Contract labor (see page C-4)	. 11		22	Supplies (not included in Part III)	• • • [22	180	
12 Depletion • • • • • • • • • •	12		23	Taxes and licenses • •	[23	50	
13 Depreciation and section 179			24	Travel, meals, and entertainment:				
expense deduction (not include	ed		а	Travel	[:	24a		
in Part III) (see page C-4) · ·	13	200	b	Meals and				
14 Employee benefit programs				entertainment				
(other than on line 19) • • •	14		_ с	Enter nondeduct-				
15 Insurance (other than health)	15			ible amount in- cluded on line 24b				
16 Interest:				(see page C-5)				
a Mortgage (paid to banks, etc.)	· · 16a		d	Subtract line 24c from line 2	24b •	24d		
b Other • • • • • • • • • • • • • • • • • • •	16b		25	Utilities • • • • • • • •	· • • • <u> </u>	25		
17 Legal and professional			1	Wages (less employment credits	′ ⊢	26		
services	17		27	Other expenses (from line 4				
18 Office expense • • • • • •				page 2) • • • • • • • • •		27	60	
28 Total expenses before expens	es for business us	e of home. Add line	s 8 throu	ugh 27 in columns • • • •	· · ▶ _	28	490	
29 Tentative profit (loss). Subtrac			• • • •	• • • • • • • • • • • • • • • • • • • •	<u> </u>	29	(90)	
30 Expenses for business use of	•	Form 8829 • •	• • • •	• • • • • • • • • • • • • •	· • • • <u> </u>	30		
31 Net profit or (loss). Subtract lir					_			
If a profit, enter on Form 10			line 2 (s	statutory employees,		_		
see page C-6). Estates and tru		1041, line 3.				31	(90)	
If a loss, you must go to line								
32 If you have a loss, check the b	-							
 If you checked 32a, enter the 							I investment is at risk.	
(statutory employees, see pag			orm 104	11, line 3.	32		ome investment is not	
 If you checked 32b, you mu 	ust attach Form 619	98.			_	at	risk.	

Schedu	lle C (Form 1040) 2004 VARIOUS ENDEAVORS 453990		Page 2
Name(s	,	SN	
	ST J CADEN 4	<u>400-00-7523</u>	<u> </u>
Part	·		
33	Method(s) used to value closing inventory: a Cost b Lower of cost or market c Other (attack	n explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventor	ry? If	
	"Yes," attach explanation · · · · · · · · · · · · · · · · · · ·	Yes	No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation •••••	35	
55	inventory at beginning or year. In different from last years closing inventory, attach explanation		
36	Purchases less cost of items withdrawn for personal use	36	
37	Cost of labor. Do not include any amounts paid to yourself	37	
38	Materials and supplies	38	
	materials and supplies		
39	Other costs · · · · · · · · · · · · · · · · · ·	39	
40	Add lines 35 through 39 · · · · · · · · · · · · · · · · · ·	40	
41	Inventory at end of year	41	
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on page 1, line 4 · · · · ·	42	
Part			
	line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 on pa C-4 to find out if you must file Form 4562.	age	
	o i to ima out il you moot mo i omi loos.		
43	When did you place your vehicle in service for business purposes? (year, month, day)		
44	Of the total number of miles you drove your vehicle during 2004, enter the number of miles you used your v	ehicle for:	
а	Business b Commuting c C	Other	
45	Do you (or your spouse) have another vehicle available for personal use? • • • • • • • • • • • • • • • • • • •	Yes	No
46	Was your vehicle available for personal use during off-duty hours?	· · · · · · · · · Yes	No
40	was your verifice available for personal use during on-duty flours:	163	
47 a	Do you have evidence to support your deduction?	Yes	No
b	If "Yes," is the evidence written?	Yes	No
Part	Other Expenses. List below business expenses not included on lines 8-26 or line 30.		
MIS	CELLANEOUS		60
			_
48	Total other expenses. Enter here and on page 1, line 27	48	60
EEA		Schedule C (F	orm 1040) 2004

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2004

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

J CADEN

▶Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule E (Form 1040).

Attachment Sequence No. 13 Your social security number

400-00-7523

P	art I Income or Loss From Rental Rea						l prope	erty, us	se		
_	Schedule C or C-EZ (see page E-			or loss fro							
1	List the type and location of each rental real	estate	e property:			ach rental real estate		-	Yes	No	
A	MOBILE HOME					on line 1, did you or y during the tax year fo					
\perp	1800 S MAPLE ST WILMIN	<u>IGTC</u>	N NC			ses for more than the			Α	X	
В	MOBILE HOME					days or	J				
\perp	1802 S MAPLE ST WILMIN	IGT C	N NC			% of the total days ren	ted at		В	X	
c	MOBILE HOME				fair	rental value?					
	1804 S MAPLE ST WILMIN	IGT C	N NC		(See	page E-3.)			С	Х	
lm	nomo!		_	Prop	erties			Т	otals		
Ш	ome:		Α	Ī	В	С	(Add	colum	ns A, B, a	nd C.)	
3	Rents received • • • • • • • • • • • • • • • • • • •	3	1,200		800 1,300		3		4,15		
4	Royalties received	4	·				4				
E	rpenses:										
5	Advertising	5			25						
6	Auto and travel (see page E-4)	6									
7	Cleaning and maintenance	7			44						
8	Commissions	8									
9	Insurance · · · · · · · · · · · · · · · · · · ·	9	320		200	342					
10	Legal and other professional fees • • •	10									
11	Management fees	11									
12	Mortgage interest paid to banks,										
	etc. (see page E-4)	12	480			480	12		(960	
13	Other interest	13									
14	Repairs	14									
15	Supplies • • • • • • • • • • • • • • • • • • •	15									
16	Taxes	16	100		122	209					
17	Utilities	17	60			203					
18	Other (list)										
	. , , .	1									
		18									
		1									
		1									
19	Add lines 5 through 18 · · · · · ·	19	960		391	1,031	19		2.0	974	
20	_		300			1,001					
	(see page E-4)	20	355				20		(922	
21	Total expenses. Add lines 19 and 20 •	21	1,315		391	1,031			•	<i>,</i>	
22			1/313		<u> </u>	1,001					
	estate or royalty properties.										
	Subtract line 21 from line 3 (rents)										
	or line 4 (royalties). If the result is a (loss), see page E-4 to find out if										
	vou must file Form 6198 · · · · · · ·	22	(115)		409	269					
23	,		(113)		709	209					
	Caution. Your rental real estate										
	loss on line 22 may be limited. See page E-4 to find out if you must										
	file Form 8582. Real estate										
	professionals must complete line	23	115)		\	(
24	43 on page 2 · · · · · · · · · · · · · · · · · ·			202 -))	24			270	
25	Losses. Add royalty losses from line 22 ar		•		Enter total l	neege hara	25	1		678 124	
26 26	Total rental real estate and royalty incom						23	(124	
20	If Parts II, III, IV, and line 40 on page 2 do		•								
	line 17 Otherwise include this amount in						26		,	254	

SCHEDULE E (Form 1040)

Supplemental Income and Loss

(From rental real estate, royalties, partnerships, S corporations, estates, trusts, REMICs, etc.)

OMB No. 1545-0074

2004

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶Attach to Form 1040 or Form 1041. ▶ See Instructions for Schedule E (Form 1040). Your social security number

Attachment Sequence No. 13

400-00-7523 TEST J CADEN Income or Loss From Rental Real Estate and Royalties Note. If you are in the business of renting personal property, use

Schedule C or C-EZ (see page E-3). Report farm rental income or loss from Form 4835 on page 2, line 40.

1	List the type and location of each rental real estate property:				2 For each rental real estate property					Yes	No
A	MOBILE HOME				listed on line 1, did you or your family						
^_	1806 S MAPLE ST WILMIN	IGTC	N NC		use it during the tax year for personal purposes for more than the greater of:						Х
\Box							e greate	91 01.			
В						ł days or ጋ% of the total days re	nted at		В		
\downarrow						ir rental value?	inca at	Ī			
아					page E-3.)			С			
				Propert	ies	,		T	ota	 Is	
Ind	come:		Α	<u>т торого</u> В		С	(Add	column			nd C.)
3	Rents received	3	850				3				
4	Royalties received	4					4				
Ex	penses:										
5	-	5	50								
6	Auto and travel (see page E-4) • • •	6									
7	Cleaning and maintenance • • • • •	7									
8	Commissions	8									
9	Insurance · · · · · · · · · · · · · · · · · · ·	9	360								
10	Legal and other professional fees	10									
11	Management fees	11									
12	Mortgage interest paid to banks,										
	etc. (see page E-4)	12					12				
13	Other interest	13									
14	Repairs	14	15								
15	Supplies · · · · · · · · · · · · · · · · · · ·	15	_,								
16	Taxes · · · · · · · · · · · · · · · · · · ·	16	167								
17	Utilities	17									
18	Other (list)										
		1									
		18									
19	Add lines 5 through 18 · · · · · ·	19	592				19				
20	Depreciation expense or depletion										
	(see page E-4) · · · · · · · · · · · · · · · · · · ·	20	567				20				
21	Total expenses. Add lines 19 and 20 •	21	1,159								
22	Income or (loss) from rental real										
	estate or royalty properties.										
	Subtract line 21 from line 3 (rents) or line 4 (royalties). If the result is a										
	(loss), see page E-4 to find out if										
	you must file Form 6198	22	(309)								
23	Deductible rental real estate loss. Caution. Your rental real estate										
	loss on line 22 may be limited. See										
	page E-4 to find out if you must										
	file Form 8582. Real estate professionals must complete line										
	43 on page 2 • • • • • • • • • • • • • • • • • •	23	(309))	()				
24	Income. Add positive amounts shown on					• • • • • • • • • •	24				
25	Losses. Add royalty losses from line 22 at						25	(
26	Total rental real estate and royalty incom	•	•								
	If Parts II, III, IV, and line 40 on page 2 do										
	line 17. Otherwise, include this amount in	the to	tal on line 41 on page 2				26				

SCHEDULE F (Form 1040)

Department of the Treasury

Internal Revenue Service

Profit or Loss From Farming

► Attach to Form 1040, Form 1041, Form 1065, or Form 1065-B.

► See Instructions for Schedule F (Form 1040).

OMB No. 1545-0074

2004

Attachment Sequence No. 14

Social security number (SSN) Name of proprietor 400-00-7523 TEST J CADEN A Principal product. Describe in one or two words your principal crop or activity for the current tax year. B Enter code from Part IV 112900 D Employer ID number (EIN), if any **C** Accounting method: X Cash Accrual E Did you "materially participate" in the operation of this business during 2004? If "No," see page F-2 for limit on passive losses. **x** Yes Part I Farm Income - Cash Method. Complete Parts I and II (Accrual method taxpayers complete Parts II & III, & line 11 of Part I.) Do not include sales of livestock held for draft, breeding, sport, or dairy purposes; report these sales on Form 4797. 2 Cost or other basis of livestock and other items reported on line 1 3 Subtract line 2 from line 1 Sales of livestock, produce, grains, and other products you raised 4,200 **5a** Total cooperative distributions (Form(s) 1099-PATR) • 5b Taxable amount Agricultural program payments (see page F-2) • • | 6a 6b Taxable amount Commodity Credit Corporation (CCC) loans (see page F-3): a CCC loans reported under election **b** CCC loans forfeited · · · · · · · · · · · 7b 7c Taxable amount 7c Crop insurance proceeds and certain disaster payments (see page F-3): a Amount received in 2004 8a 8b Taxable amount If election to defer to 2005 is attached, check here 8d Amount deferred from 2003 10 Other income, including Federal and state gasoline or fuel tax credit or refund (see page F-3) Gross income. Add amounts in the right column for lines 3 through 10. If accrual method taxpayer, enter 4,200 Part II Farm Expenses - Cash and Accrual Method. Do not include personal or living expenses such as taxes, insurance, repairs, etc., on your home. 12 25 Pension and profit-sharing Car and truck expenses (see pg. 12 F-4 - also attach **Form 4562**) plans 25 13 Chemicals 13 26 Rent or lease (see page F-5): a Vehicles, machinery, and equip-Conservation expenses (see page F-4) • • • • • • • • • 14 ment 15 26b 15 Custom hire (machine work) . . **b** Other (land, animals, etc.) • • • • 1.200 16 Depreciation and section 179 27 Repairs and maintenance expense deduction not claimed 28 Seeds and plants purchased • • • • elsewhere (see page F-4) • • • 16 29 Storage and warehousing 525 17 Employee benefit programs **30** Supplies purchased • • • • • • • 30 17 31 Taxes other than on line 25 18 Feed purchased 600 19 Fertilizers and lime 19 33 Veterinary, breeding, and medicine 33 100 20 Freight and trucking 20 34 Other expenses (specify): 21 21 34a Gasoline, fuel, and oil 22 34b Insurance (other than health) . . 180 b 34c 23 Interest: C **a** Mortgage (paid to banks, etc.) 23a d 34d 23b 34e Other 24 Labor hired (less employment credits) 500 35 35 Total expenses. Add lines 12 through 34f 4,105 36 Net farm profit or (loss). Subtract line 35 from line 11. If a profit, enter on Form 1040, line 18, and also on 36 Schedule SE, line 1. If a loss, you must go on to line 37 (estates, trusts, and partnerships, see page F-6) 95 If you have a loss, you must check the box that describes your investment in this activity (see page F-6). 37a If you checked 37a, enter the loss on Form 1040, line 18, and also on Schedule SE, line 1. All investment is at risk. Some investment is not at If you checked 37b, you must attach Form 6198.

16

18

а 17

Part IV

At-Risk Limitations

OMB No. 1545-0712

2004

Department of the Treasury Internal Revenue Service Name(s) shown on return

TEST J CADEN

► Attach to your tax return.

See separate instructions.

Attachment Sequence No. 31 Identifying number

400-00-7523

Description of activity (see page 2 of the instructions) PAINTING Part I Current Year Profit (Loss) From the Activity, Including Prior Year Nondeductible Amounts (see page 2 of the instructions). 1 Ordinary income (loss) from the activity (see page 2 of the instructions) (80)2 Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in the activity) that you are reporting on: 2a 2c Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or Form 1120S, that were not included on lines 1 through 2c 3 Other deductions and losses from the activity, including investment interest expense allowed from Form 4952, that were not included on lines 1 through 2c 4 Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the 5 (80)Simplified Computation of Amount At RiskSee page 3 of the instructions before completing this part. Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on the first day of the tax year. **Do not** enter less than zero 6 7 1,000 8 1,000 9 <u>500</u> 10a Subtract line 9 from line 8 · · · · · · · · · · · · · · ▶ 10a If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see **Pub. 925** for information on the recapture rules <u>500</u> Detailed Computation of Amount At Risk If you completed Part III of Form 6198 for 2003, see page 4 Part III 11 Investment in the activity (or in your interest in the activity) at the effective date. Do not enter 11 12 12 Increases at effective date . . . 14 14 Decreases at effective date 15 Amount at risk (check box that applies): At effective date. Subtract line 14 from line 13. Do not enter less than zero. 15 а b From 2003 Form 6198, line 19b. Do not enter the amount from line 10b of the 2003 form.

Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies

The end of your 2003 tax year • • • • • •

see Pub. 925 for information on the recapture rules

The end of your 2003 tax year • • • •

If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and

Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20. See page 8 of the instructions to find out how to report any deductible loss and any carryover

Increases since (check box that applies):

Add lines 15 and 16

Decreases since (check box that applies):

Deductible Loss

Effective date

Effective date

19a Subtract line 18 from line 17

500

80)

16

17

18

19h

20

21

At-Risk Limitations

OMB No. 1545-0712

2004

Department of the Treasury Internal Revenue Service

► Attach to your tax return. ► See separate instructions.

Attachment Sequence No. **31**

Name(s) shown on return

Identifying number

TEST J CADEN

Description of activity (see page 2 of the instructions) 400-00-7523

VEN	IDING MACHINES		
Pai	current Year Profit (Loss) From the Activity, Including Prior Year Nonded	uctib	le Amounts
	(see page 2 of the instructions).		
1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	(142)
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in		
	the activity) that you are reporting on:		
а	Schedule D · · · · · · · · · · · · · · · · · ·	2a	
b	Form 4797 • • • • • • • • • • • • • • • • • •	2b	
С	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or		
	Form 1120S, that were not included on lines 1 through 2c · · · · · · · · · · · · · · · · · ·	3	
4	Other deductions and losses from the activity, including investment interest expense allowed		
	from Form 4952, that were not included on lines 1 through 2c · · · · · · · · · · · · · · · · · ·	4	(
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the		·
	instructions before completing the rest of this form • • • • • • • • • • • • • • • • • • •	5	(142)
Pai		leting 1	
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on	П	<u>'</u>
	the first day of the tax year. Do not enter less than zero · · · · · · · · · · · · · · · · · · ·	6	4,000
7	Increases for the tax year (see page 3 of the instructions) • • • • • • • • • • • • • • • • • • •	7	4,000
8	Add lines 6 and 7	8	4,000
9	Decreases for the tax year (see page 4 of the instructions) • • • • • • • • • • • • • • • • • • •	9	300
10a	Subtract line 9 from line 8 · · · · · · · · · · · · · ▶ 10a 3,700		300
		-	
D	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	2 700
Dai			3,700
Pai	rt III Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for 20		
	Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for 20 of the instructions.		
11	Detailed Computation of Amount At Risk.If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter	03, see	
11	Detailed Computation of Amount At Risk.If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	03, see	
11	Detailed Computation of Amount At Risk.If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	03, see	
11 12 13	Detailed Computation of Amount At Risk.If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	03, see	
11 12 13 14	Detailed Computation of Amount At Risk.If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	03, see	
11 12 13 14 15	Detailed Computation of Amount At Risk.If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	11 12 13 14	
11 12 13 14 15 a	Detailed Computation of Amount At Risk.If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero	03, see	
11 12 13 14 15 a b	Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero Increases at effective date	11 12 13 14	
11 12 13 14 15 a b	Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero Increases at effective date	11 12 13 14	
11 12 13 14 15 a b 16 a	Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero Increases at effective date	11 12 13 14	
11 12 13 14 15 a b 16 a	Detailed Computation of Amount At Risk.If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero Increases at effective date	11 12 13 14	
11 12 13 14 15 a b 16 a 17 18	Detailed Computation of Amount At Risk.If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero Increases at effective date Add lines 11 and 12 Decreases at effective date Amount at risk (check box that applies): At effective date. Subtract line 14 from line 13. Do not enter less than zero. From 2003 Form 6198, line 19b. Do not enter the amount from line 10b of the 2003 form. Increases since (check box that applies): Effective date b The end of your 2003 tax year Add lines 15 and 16 Decreases since (check box that applies):	11 12 13 14 15	
11 12 13 14 15 a b 16 a 17 18 a	Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero Increases at effective date Add lines 11 and 12 Decreases at effective date Amount at risk (check box that applies): At effective date. Subtract line 14 from line 13. Do not enter less than zero. From 2003 Form 6198, line 19b. Do not enter the amount from line 10b of the 2003 form. Increases since (check box that applies): Effective date b The end of your 2003 tax year Add lines 15 and 16 Decreases since (check box that applies): Effective date b The end of your 2003 tax year	11 12 13 14	
11 12 13 14 15 a b 16 a 17 18 a	Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero Increases at effective date	11 12 13 14 15	
11 12 13 14 15 a b 16 a 17 18 a	Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero Increases at effective date Add lines 11 and 12 Decreases at effective date Amount at risk (check box that applies): At effective date. Subtract line 14 from line 13. Do not enter less than zero. From 2003 Form 6198, line 19b. Do not enter the amount from line 10b of the 2003 form. Increases since (check box that applies): Effective date b The end of your 2003 tax year Add lines 15 and 16 Decreases since (check box that applies): Effective date b The end of your 2003 tax year Subtract line 18 from line 17 If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and	03, see	
11 12 13 14 15 a b 16 a 17 18 a 19a b	Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero Increases at effective date Add lines 11 and 12 Decreases at effective date Amount at risk (check box that applies): At effective date. Subtract line 14 from line 13. Do not enter less than zero. From 2003 Form 6198, line 19b. Do not enter the amount from line 10b of the 2003 form. Increases since (check box that applies): Effective date b The end of your 2003 tax year Add lines 15 and 16 Decreases since (check box that applies): Effective date b The end of your 2003 tax year Subtract line 18 from line 17 If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	11 12 13 14 15	
11 12 13 14 15 a b 16 a 17 18 a 19a b	Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero Increases at effective date Add lines 11 and 12 Decreases at effective date Amount at risk (check box that applies): At effective date. Subtract line 14 from line 13. Do not enter less than zero. From 2003 Form 6198, line 19b. Do not enter the amount from line 10b of the 2003 form. Increases since (check box that applies): Effective date b The end of your 2003 tax year Add lines 15 and 16 Decreases since (check box that applies): Effective date b The end of your 2003 tax year Subtract line 18 from line 17 If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	11 12 13 14 15 16 17	e page 4
11 12 13 14 15 a b 16 a 17 18 a 19a b	Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero Increases at effective date Add lines 11 and 12 Decreases at effective date Amount at risk (check box that applies): At effective date. Subtract line 14 from line 13. Do not enter less than zero. From 2003 Form 6198, line 19b. Do not enter the amount from line 10b of the 2003 form. Increases since (check box that applies): Effective date b The end of your 2003 tax year Add lines 15 and 16 Decreases since (check box that applies): Effective date b The end of your 2003 tax year Subtract line 18 from line 17 If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules Amount at risk. Enter the larger of line 10b or line 19b	03, see	
11 12 13 14 15 a b 16 a 17 18 a 19a b	Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero Increases at effective date Add lines 11 and 12 Decreases at effective date Amount at risk (check box that applies): At effective date. Subtract line 14 from line 13. Do not enter less than zero. From 2003 Form 6198, line 19b. Do not enter the amount from line 10b of the 2003 form. Increases since (check box that applies): Effective date b The end of your 2003 tax year Add lines 15 and 16 Decreases since (check box that applies): Effective date b The end of your 2003 tax year Add lines 15 and 16 Decreases since (check box that applies): Effective date b The end of your 2003 tax year Subtract line 18 from line 17 If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules **TIV Deductible Loss Amount at risk. Enter the larger of line 10b or line 19b Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20.	11 12 13 14 15 16 17 18	3,700
11 12 13 14 15 a b 16 a 17 18 a 19a b	Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for 20 of the instructions. Investment in the activity (or in your interest in the activity) at the effective date. Do not enter less than zero Increases at effective date Add lines 11 and 12 Decreases at effective date Amount at risk (check box that applies): At effective date. Subtract line 14 from line 13. Do not enter less than zero. From 2003 Form 6198, line 19b. Do not enter the amount from line 10b of the 2003 form. Increases since (check box that applies): Effective date b The end of your 2003 tax year Add lines 15 and 16 Decreases since (check box that applies): Effective date b The end of your 2003 tax year Subtract line 18 from line 17 If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and see Pub. 925 for information on the recapture rules Amount at risk. Enter the larger of line 10b or line 19b	11 12 13 14 15 16 17	e page 4

At-Risk Limitations

OMB No. 1545-0712

2004

Department of the Treasury Internal Revenue Service

► Attach to your tax return. ► See separate instructions.

Attachment Sequence No. 31 Identifying number

TEST J CADEN

Name(s) shown on return

400-00-7523

Descri	ption of activity (see page 2 of the instructions)		
FLE	A MARKET		
Pai		uctib	ole Amounts
	(see page 2 of the instructions).		
1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	(286)
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in		
	the activity) that you are reporting on:		
а	Schedule D	2a	
b	Form 4797	2b	
С	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or		
	Form 1120S, that were not included on lines 1 through 2c · · · · · · · · · · · · · · · · · ·	3	
4	Other deductions and losses from the activity, including investment interest expense allowed		
•	from Form 4952, that were not included on lines 1 through 2c	4	
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the	_	/
3		5	,,,,,
	instructions before completing the rest of this form		(286)
Pai		neting	tnis part.
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on		
_	the first day of the tax year. Do not enter less than zero · · · · · · · · · · · · · · · · · · ·	6	
7	Increases for the tax year (see page 3 of the instructions) • • • • • • • • • • • • • • • • • • •	7	200
8	Add lines 6 and 7 · · · · · · · · · · · · · · · · · ·	8	200
9	Decreases for the tax year (see page 4 of the instructions)	9	
10a	Subtract line 9 from line 8 200		
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).		
	Otherwise, enter -0- and see Pub. 925 for information on the recapture rules ••••••••••	10b	200
Pai	Tet III Detailed Computation of Amount At Risk. If you completed Part III of Form 6198 for 20	03, se	ee page 4
	of the instructions.		
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter		
	less than zero · · · · · · · · · · · · · · · · · · ·	11	
12	Increases at effective date • • • • • • • • • • • • • • • • • • •	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
а	At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	1
b	From 2003 Form 6198, line 19b. Do not enter the amount from line 10b of the 2003 form.		
16	Increases since (check box that applies):		
		16	
a 47	Effective date b The end of your 2003 tax year • • • • • • • • • • • • • • • • • • •	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):	40	
а	Effective date b The end of your 2003 tax year • • • • • • • • • • • • • • • • • • •	18	
	Subtract line 18 from line 17		
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and		
	see Pub. 925 for information on the recapture rules	19b	<u> </u>
Pai	rt IV Deductible Loss		
20	Amount at risk. Enter the larger of line 10b or line 19b · · · · · · · · · · · · · · · · · · ·	20	200
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20.		
	See page 8 of the instructions to find out how to report any deductible loss and any carryover • • • • • • • •	21	(200)
		_	

Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations, or the Instructions for Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under the passive activity rules. If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or Form 8810, whichever applies.

At-Risk Limitations

OMB No. 1545-0712

2004

Department of the Treasury Internal Revenue Service

► Attach to your tax return.

► See separate instructions.

Attachment Sequence No. **31** Identifying number

Name(s) shown on return TEST J CADEN

Description of activity (see page 2 of the instructions) 400-00-7523

	(ERY		 _
Pa		uctib	le Amounts
	(see page 2 of the instructions).	1	1006
1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	(996)
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in		
_	the activity) that you are reporting on: Schedule D	2a	
a	Schedule D	2b	
C	Other form or schedule · · · · · · · · · · · · · · · · · · ·	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or		
3	Form 1120S, that were not included on lines 1 through 2c · · · · · · · · · · · · · · · · · ·	3	
4	Other deductions and losses from the activity, including investment interest expense allowed	ب	
-	from Form 4952, that were not included on lines 1 through 2c · · · · · · · · · · · · · · · · · ·	4	
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the	-	
	instructions before completing the rest of this form ••••••••••••••••••••••••••••••••••••	5	(996
Dai	rt II Simplified Computation of Amount At Risk. See page 3 of the instructions before comp	_	this part
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on	T	This part.
•	the first day of the tax year. Do not enter less than zero · · · · · · · · · · · · · · · · · · ·	6	4,600
7	Increases for the tax year (see page 3 of the instructions) ••••••••••••••••••••••••••••••••••••	7	4,000
8	Add lines 6 and 7	8	4,600
9	Decreases for the tax year (see page 4 of the instructions) • • • • • • • • • • • • • • • • • • •	9	2,000
10a			2,000
h	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III).	1	
	Otherwise, enter -0- and see Pub. 925 for information on the recapture rules ••••••••••••••••••••••••••••••••••••	10b	2,600
Pa	Tt III Detailed Computation of Amount At Risk.If you completed Part III of Form 6198 for 20	03, se	e page 4
	of the instructions.		
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter		
	less than zero · · · · · · · · · · · · · · · · · · ·	11	
12	Increases at effective date • • • • • • • • • • • • • • • • • • •	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
а	At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	From 2003 Form 6198, line 19b. Do not enter the amount from line 10b of the 2003 form.		
16	Increases since (check box that applies):		
а	Effective date b The end of your 2003 tax year • • • • • • • • • • • • • • • • • • •	16	
17	Add lines 15 and 16	17	
18	Decreases since (check box that applies):		
а	Effective date b The end of your 2003 tax year · · · · · · · · · · · · · · · · · · ·	18	
19a	Subtract line 18 from line 17	_	
b	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and		
	see Pub. 925 for information on the recapture rules	19b	<u> </u>
	rt IV Deductible Loss	T 65	
20	Amount at risk. Enter the larger of line 10b or line 19b	20	2,600
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20.		
	See page 8 of the instructions to find out how to report any deductible loss and any carryover	21	996
	Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed unde		

At-Risk Limitations

OMB No. 1545-0712

2004

Department of the Treasury Internal Revenue Service

Attach to your tax return.See separate instructions.

Attachment Sequence No. **31**

Name(s) shown on return

Identifying number

TEST J CADEN

Description of activity (see page 2 of the instructions)

400-00-7523

	RIOUS ENDEAVORS		
Pai		uctibl	e Amounts
	(see page 2 of the instructions).		
1	Ordinary income (loss) from the activity (see page 2 of the instructions)	1	(90)
2	Gain (loss) from the sale or other disposition of assets used in the activity (or of your interest in		
	the activity) that you are reporting on:		
а	Schedule D	2a	
b	Form 4797	2b	
С	Other form or schedule	2c	
3	Other income and gains from the activity, from Schedule K-1 of Form 1065, Form 1065-B, or		
	Form 1120S, that were not included on lines 1 through 2c $\cdots \cdots \cdots$	3	
4	Other deductions and losses from the activity, including investment interest expense allowed		
	from Form 4952, that were not included on lines 1 through 2c $\cdots \cdots \cdots$	4	()
5	Current year profit (loss) from the activity. Combine lines 1 through 4. See page 3 of the		
	instructions before completing the rest of this form $\cdots \cdots \cdots$		(90)
Pai	rt II Simplified Computation of Amount At Risk. See page 3 of the instructions before comp	leting t	his part.
6	Adjusted basis (as defined in section 1011) in the activity (or in your interest in the activity) on		
	the first day of the tax year. Do not enter less than zero $\cdots \cdots \cdots$		
7	Increases for the tax year (see page 3 of the instructions)		500
8	Add lines 6 and 7 · · · · · · · · · · · · · · · · · ·		500
9	Decreases for the tax year (see page 4 of the instructions) • • • • • • • • • • • • • • • • • • •	9	
10a	Subtract line 9 from line 8		
b	If line 10a is more than zero, enter that amount here and go to line 20 (or complete Part III). Otherwise, enter -0- and see Pub. 925 for information on the recapture rules	10b	500
Pai	TIII Detailed Computation of Amount At Risk If you completed Part III of Form 6198 for 20	03, see	
	of the instructions.		
11	Investment in the activity (or in your interest in the activity) at the effective date. Do not enter		
	less than zero	11	
12	Increases at effective date • • • • • • • • • • • • • • • • • • •	12	
13	Add lines 11 and 12	13	
14	Decreases at effective date	14	
15	Amount at risk (check box that applies):		
а	At effective date. Subtract line 14 from line 13. Do not enter less than zero.	15	
b	From 2003 Form 6198, line 19b. Do not enter the amount from line 10b of the 2003 form.		
16	Increases since (check box that applies):		
а	Effective date b The end of your 2003 tax year • • • • • • • • • • • • • • • • • • •	16	
17	Add lines 15 and 16 · · · · · · · · · · · · · · · · · ·	17	
18	Decreases since (check box that applies):		
а	Effective date b The end of your 2003 tax year • • • • • • • • • • • • • • • • • • •	18	
19a	Subtract line 18 from line 17 · · · · · · · · · · · · · · · 19a		
	If line 19a is more than zero, enter that amount here and go to line 20. Otherwise, enter -0- and		
	see Pub. 925 for information on the recapture rules	19b	
Pai			
20	Amount at risk. Enter the larger of line 10b or line 19b	20	500
21	Deductible loss. Enter the smaller of the line 5 loss (treated as a positive number) or line 20.		
	See page 8 of the instructions to find out how to report any deductible loss and any carryover ••••••	21	90)
	Note: If the loss is from a passive activity, see the Instructions for Form 8582, Passive Activity Loss Limitations Form 8810, Corporate Passive Activity Loss and Credit Limitations, to find out if the loss is allowed under th		
	If only part of the loss is subject to the passive activity loss rules, report only that part on Form 8582 or F		,

Exclusion of Interest From Series EE and I U.S. Savings Bonds Issued After 1989

(For Filers With Qualified Higher Education Expenses)

▶ Attach to Form 1040 or Form 1040A.

OMB No. 1545-1173

2004

Attachment Sequence No. **57**

Department of the Treasury Internal Revenue Service Your social security number Name(s) shown on return 400-00-7523 TEST J CADEN (a) Name of person (you, your spouse, or your dependent) who Name and address of eligible educational institution was enrolled at or attended an eligible educational institution SMALLTOWN JUNIOR COLLEGE 1800 LEARNING WAY JASMINE CADEN SMALLTOWN NC 28455 If you need more space, attach a statement.

2	Enter the total qualified higher education expenses you paid in 2004 for the person(s) listed in			
	column (a) of line 1. See the instructions to find out which expenses qualify • • • • • • • • • • • • • • • • • • •	2		8,960
3	Enter the total of any nontaxable educational benefits (such as nontaxable scholarship or			
	fellowship grants) received for 2004 for the person(s) listed in column (a) of line 1 (see instructions)	3		1,000
4	Subtract line 3 from line 2. If zero or less, stop. You cannot take the exclusion •••••••••	4		7,960
5	Enter the total proceeds (principal and interest) from all series EE and I U.S. savings bonds			
	issued after 1989 that you cashed during 2004	5		1,180
6	Enter the interest included on line 5 (see instructions)	6		180
7	If line 4 is equal to or more than line 5, enter "1.000." If line 4 is less than line 5, divide line 4			
	by line 5. Enter the result as a decimal (rounded to at least three places) • • • • • • • • • • • • • • • • • • •	7	х	1.000
8	Multiply line 6 by line 7 · · · · · · · · · · · · · · · · · ·	8		180
9	Enter your modified adjusted gross income (see instructions) • • • • • • • 9 62,938			
	Note: If line 9 is \$74,850 or more if single or head of household, or			
	\$119,750 or more if married filing jointly or qualifying widow(er), stop. You cannot take the exclusion.			
	Tou Carriot take the exclusion.			
10	Enter: \$59,850 if single or head of household; \$89,750 if married filing			
	jointly or qualifying widow(er)			
11	Subtract line 10 from line 9. If zero or less, skip line 12, enter -0- on			
	line 13, and go to line 14			
12	Divide line 11 by: \$15,000 if single or head of household; \$30,000 if married filing jointly or			
	qualifying widow(er). Enter the result as a decimal (rounded to at least three places)	12	Х	0.206
13	Multiply line 8 by line 12	13		37

14 Excludable savings bond interest. Subtract line 13 from line 8. Enter the result here and on

Schedule B (Form 1040), line 3, or Schedule 1 (Form 1040A), line 3, whichever applies • • •

14

Department of the Treasury Internal Revenue Service (99)

Moving Expenses MILITARY MOVE ▶ Attach to Form 1040.

OMB No. 1545-0062

2004

Name(s) shown on Form 1040

Attachment Sequence No. **62** Your social security number

TEST J CADEN		400-00-7523
	st and Time Test in the instructions to find out if you of the Armed Forces, see the instructions to find out	
Enter the amount you paid for transportat	ion and storage of household goods and personal	
•	odging in moving from your old home to your new	1 605
home (see instructions). Do not include the	2 233	
3 Add lines 1 and 2		3 838
	d you for the expenses listed on lines 1 and 2 that is your Form W-2. This amount should be shown in	
box 12 of your Form W-2 with code P		4 500
from line 4 and include the result X Yes. Moving expense deduction. Sub-	otract line 4 from line 3. Enter the result here and on	5 338
What's New	If you qualify to deduct expenses for more than one move, use a separate Form 3903 for each move.	Distance Test Your new principal workplace must be at
For 2004, the standard mileage rate for using your vehicle to move to a new home s 14 cents a mile.	For more details, see Pub. 521, Moving Expenses.	least 50 miles farther from your old home than your old workplace was. For example, if your old workplace was 3 miles from your old home, your new workplace must
Purpose of Form Use Form 3903 to figure your moving expense deduction for a move related to the start of work at a new principal place of work (workplace). If the new workplace is outside the United States or its possessions, you must be a U.S. citizen or resident alien to deduct your expenses.	Who May Deduct Moving Expenses If you move to a new home because of a new principal workplace, you may be able to deduct your moving expenses whether you are self-employed or an employee. But you must meet both the distance test and time test that follow.	be at least 53 miles from that home. If you did not have an old workplace, your new workplace must be at least 50 miles from your old home. The distance between the two points is the shortest of the more commonly traveled routes between them. To see if you meet the distance test, you can use the worksheet below.

)is	stance	Test Worksheet	Keep a (Copy for Your	r Records
	TIP	Members of the Armed Forces may not have to meet this test. For details, see the instructions for this form.			
•	1. Enter t	ne number of miles from your old home to your new workplace	1	600	miles
2	2. Enter t	ne number of miles from your old home to your old workplace	2	22	miles
;	3. Subtra	ct line 2 from line 1. If zero or less, enter -0-	3	578	miles
	X Yes	3 at least 50 miles? You meet this test. You do not meet this test. You cannot deduct your moving expenses. Do not complete Form 3903.			

Department of the Treasury Internal Revenue Service

Moving Expenses

► Attach to Form 1040.

OMB No. 1545-0062

2004

Attachment Sequence No.

Name(s) shown on Form 1040 Your social security number TEST J CADEN

400-00-7523

Before you begin:	• See the Distance Test and Time Test in the instructions to find out if you can deduct your moving ex	xpense	es.
	 If you are a member of the Armed Forces, see the instructions to find out how to complete this form 		
	unt you paid for transportation and storage of household goods and personal structions)	1	160
	unt you paid for travel and lodging in moving from your old home to your new ructions). Do not include the cost of meals	2	309
3 Add lines 1 and	12	3	469
not included in	amount your employer paid you for the expenses listed on lines 1 and 2 that is the wages box (box 1) of your Form W-2. This amount should be shown in		
box 12 of your	Form W-2 with code P	4	
5 Is line 3 more t	han line 4?		
	annot deduct your moving expenses. If line 3 is less than line 4, subtract line 3 ine 4 and include the result on Form 1040, line 7.		
	ng expense deduction. Subtract line 4 from line 3. Enter the result here and on		4.60
FOIIII	1040, line 29	5	l 469

General Instructions

What's New

For 2004, the standard mileage rate for using your vehicle to move to a new home is 14 cents a mile.

Purpose of Form

Use Form 3903 to figure your moving expense deduction for a move related to the start of work at a new principal place of work (workplace). If the new workplace is outside the United States or its possessions, you must be a U.S. citizen or resident alien to deduct your expenses.

If you qualify to deduct expenses for more than one move, use a separate Form 3903 for each move.

For more details, see Pub. 521, Moving Expenses.

Who May Deduct Moving **Expenses**

If you move to a new home because of a new principal workplace, you may be able to deduct your moving expenses whether you are self-employed or an employee. But you must meet both the distance test and time test that follow.

Distance Test

Your new principal workplace must be at least 50 miles farther from your old home than your old workplace was. For example, if your old workplace was 3 miles from your old home, your new workplace must be at least 53 miles from that home. If you did not have an old workplace, your new workplace must be at least 50 miles from your old home. The distance between the two points is the shortest of the more commonly traveled routes between them.



To see if you meet the distance test, you can use the worksheet below

Distance Test Worksheet

Keep a Copy for Your Records

Members of the Armed Forces may not have to meet this test. For details, see the instructions for this form.

1. Enter the number of miles from your old home to your new workplace

2. Enter the number of miles from your **old home** to your **old workplace**

Is line 3 at least 50 miles?

X Yes. You meet this test.

No. You do not meet this test. You cannot deduct your moving expenses. Do not complete Form 3903.

Department of the Treasury

Depreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172

2004

Attachment

Sequence No. 67 Internal Revenue Service Name(s) shown on return Business or activity to which this form relates Identifying number 400-00-7523 TEST J CADEN SCHEDULE C -Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses \$102,000 2 Total cost of section 179 property placed in service (see page 3 of the instructions) 2 3 3 Threshold cost of section 179 property before reduction in limitation \$410,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (a) Description of property (b) Cost (business use only) (c) Elected cost 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Deduction Allowance and Other Depreciation(Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions) 15 Property subject to section 168(f)(1) election (see page 4 of the instructions) Other depreciation (including ACRS) (see page 4 of the instructions) MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2004 18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System (b) Month and (C) Basis for depreciation (d) Recovery year placed in (f) Method (e) Convention (a) Classification of property (business/investment use (g) Depreciation deduction period service only-see instructions) 19a 3-year property ΗY b 5-year property 1,200 5 200 DB 240 7-year property d 10-year property 15-year property 20-year property 25 yrs. S/I 25-year property 27.5 yrs. Residential rental MM S/L

	Section C - Assets	Placed in Servi	ce During 2004 Tax Yea	r Using the	Alternative D	epreciation Sy	/stem
Class life						C/I	

			· · · · · · · · · · · · · · · · · · ·	5			,
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
С	40-year			40 yrs.	MM	S/L	

Summary (see page 7 of the instructions)

property

property

Nonresidential real

21	Listed property. Enter amount from line 28	21	1,060
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.		
	Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr • • • •	22	1,300
23	For assets shown above and placed in service during the current year,		

enter the portion of the basis attributable to section 263A costs

23

ММ

MM

MM

27.5 yrs.

39 yrs.

S/I

S/L

S/L

EEA

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Sec	tion A - Depreciation	on and Other	nformation (Caution	See pag	e 8 of the	e instruct	ions for	limits for p	assenge	er auto	mobiles	s.)		
24a	Do you have evidence	e to support the b	usiness/investn	ent use c	laimed?		X Yes	No	24b If "Y	es," is th	ne evid	ence wi	ritten?	XYes	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/		(d) ost or other basis		(e) sis for depr siness/inv	estment	(f) Recovery period	(g Metho Conve	od/		(h) reciation luction	Ele section	(i) cted on 179
25	<u>, , , , , , , , , , , , , , , , , , , </u>		percentage for qualified	_		and in a	use on	,,	<u> </u>		1				ost
25	Special depreciat							-			25				
20	year and used mo		<u> </u>		•	<u> </u>				• • • •	25				
	Property used mo					. 			т'	1000-				1	
VA	<u>.N</u>	2004061	<u> </u>	%	<u>5,300</u>	- -	<u>5,3</u>	00	5	2000	BHY]	L , 060	+	
				%										+	
	D 1 150	<u></u>		%				\							
27	Property used 50	% or less in a			se (see pa	ge 8 of ti	ne instru	ctions):	1	I o #					
				%						S/L-				\dashv	
				% %						S/L-				-	
20	A dd amae						- 01	1		S/L-	20			-	
28 20	Add amounts in o		_								28	_	L,060		
29	Add amounts in c	solumn (I), Ilne	26. Enter ne							• • • •	• • •	• • • •	29		
Cor	mplete this section	for vehicles us	sed by a sole		on B - Info or, partne					r related	perso	n.			
If yo	u provided vehicles to y	our employees, f	irst answer the	uestions	n Section C	to see if yo	ou meet ar	exceptio	n to completi	ng this sec	ction for	those veh	nicles.		
30	Total business/invest	ment miles driver	during		(a)	((b)	'	(c)	(d)		((e)	(1	7)
	the year (do not inclu	•	iles -		ehicle 1	Vehi	cle 2	Vehi	icle 3	Vehicle	4	Vehi	icle 5	Vehic	le 6
•	see page 2 of the inst				000										
31	Total commuting		0 ,	r											
32	Total other person	•	• ,												
22	miles driven • •			`											
33	Total miles driver														
	Add lines 30 thro	ŭ			000				N	V	NI -	V	- N-	V	NI -
34	Was the vehicle a		ersonal	Yes	_	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
25	use during off-dut	-		`	X								+ +		
35	Was the vehicle u		-												
26	more than 5% ow			. X	+								-		
36	Is another vehicle		•	,,											
	use? • • • • •		C - Question	· X	mplovoro	Who Dr	ovide V	hiolog	for Hoo b	. Thoir F	Employ	1000			
۸na	war those guestion														
	wer these question		-				-	1 B 101 V	enicies us	ed by en	ipioyee	es who			
are	not more than 5%	owners or rea	iteu persons	(see pa	ge 10 oi ii	ie iristruc	cuons).							Yes	No
37	Do you maintain a	a writton police	, etatomont t	at prob	ibite all pe	reonal III	so of vol	niclos in	cludina co	mmutino			}	162	NO
31	by your employee										,				
38	Do you maintain										our or	nnlovoo			
50	See page 10 of the														
39	Do you treat all us														
40	Do you provide m												1 1 1 1		
	the use of the veh				•			•							
41	Do you meet the	*									nstruct	ions)			
•	Note: If your answ										iou doc	10110.)			
D		tization	30, 40, 01 41	10 100,	40 1101 00	ompiete (3000011	7 101 1110	0070100 7	CHIOICO.					
Г	alt VI AIIIOI	uzauon									4-1				
	(a) Description o	of costs		(b) mortizatio egins	n	Amort	(c) tizable ount		(d) Code section		(e) Amortiz period percent	ation or		(f) tization fo is year	r
42	Amortization of co	osts that begin	ıs durina vou	2004 ta	ax year (s	ee page	11 of the	instruct	tions):	I		<u> </u>			
		J	7,55			1 - 3 -		1	,						
43	Amortization of co	osts that bega	n before you	2004 ta	x year •							43			
44	Total. Add amour	_	-		-							44			

Depreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172 2004

Department of the Treasury Internal Revenue Service

Attachment Sequence No. 67

Name(s) shown on return Business or activity to which this form relates Identifying number TEST 400-00-7523 J CADEN SCHEDULE C -Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses \$102,000 2 Total cost of section 179 property placed in service (see page 3 of the instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 3 \$410,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Deduction Allowance and Other Depreciation(Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions) 15 Property subject to section 168(f)(1) election (see page 4 of the instructions) 15 Other depreciation (including ACRS) (see page 4 of the instructions) MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2004 768 18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (f) Method (e) Convention (a) Classification of property year placed in (business/investment use (g) Depreciation deduction period service only-see instructions) 19a 3-year property 1,000 ΗY 200 DB b 5-year property 5 200 7-year property 10-year property 15-year property 20-year property 25 yrs. S/I 25-year property Residential rental 27.5 yrs. MM S/L ММ S/I 27.5 yrs. property MM S/L Nonresidential real 39 yrs. MM S/L property Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System 20a Class life S/I b 12-year S/L 12 yrs. 40-year MM S/L Summary (see page 7 of the instructions) Part IV Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 968 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Sec	tion A - Depreciati	on and Other Info	ormation (Ca	aution: S	See page	e 8 of the	e instruc	tions for	limits for p	passeng	ger auto	mobiles	s.)		
24a	Do you have evidence	e to support the busi	ness/investme	nt use claii	med?		X Yes	No	24b If "\	es," is	the evic	lence w	ritten?	XYes	s No
	(a) ype of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cos	(d) t or other basis		(e) sis for dep usiness/inv use or	reciation estment	(f) Recovery period	Met	(g) hod/ ention		(h) reciation duction	Ele secti	(i) ected on 179 cost
25	Special deprecia	tion allowance for		ted prop	erty pla	ced in se		**	tax						
	year and used m							-			. 25				
26	Property used mo										_				
TR	UCK	20000101	100 %		-				T						
		1 1	%	,											
			%												
27	Property used 50	% or less in a qu	alified busin	ess use	(see pa	ge 8 of t	he instru	ctions):	•	•				•	
		1 1	%							S/L-					
			%	,						S/L-					
			%							S/L-					
28	Add amounts in o	column (h), lines 2	25 through 2	27. Enter	here ar	nd on line	e 21, paç	ge 1 •			- 28				
29	Add amounts in o	column (i), line 26	6. Enter here	and on	line 7, p	age 1							29)	
	nplete this section		l by a sole p	•	, partne	r, or othe	er "more	than 5%	owner," o		•		hiclas		
	u provided verticles to	your employees, mst	answer the qu		a)		(b)		(c)	(d		1	(e)	(1	<u> </u>
30	Total business/invest		•	Vehi			cle 2	1	icle 3	Vehic	-		icle 5	Vehic	
	the year (do not incl see page 2 of the ins	•	· · · · · ·	1,2		701	0.0 _	10	.5.5 5	701110		70			
31	Total commuting		ng the year												
32	Total other perso	nal (noncommuti	ng)												
	miles driven • •														
33	Total miles driver	n during the year.													
	Add lines 30 thro	ugh 32 • • • •		1,2	96										
34	Was the vehicle a	available for pers	onal	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-du	ty hours? • •			Х										
35	Was the vehicle i	used primarily by	а												
	more than 5% ow	vner or related pe	erson? • •	X											
36	Is another vehicle	e available for pe	rsonal												
	use? • • • •			X											
		Section C								-	-	-			
	wer these question		•			•	-	n B for v	ehicles us	ed by e	mploye	es who			
are	not more than 5%	owners or related	d persons (s	ee page	10 of th	ie instru	ctions).							V	N1 -
27	Da waw maintain			نطانط مسمد 4	عماله مد		6	-:-!			_			Yes	No
37	Do you maintain by your employee							ncies, in	iciuaing co	mmutin	ıg,				
38	Do you maintain							00 000	ont commu	ting by	vouro	mnlovoc	2		
30	See page 10 of the										-				
39	Do you treat all u			-											
40	Do you provide n														
	the use of the vel		-					-							
41	Do you meet the	•									instruct	ions)			
•	Note: If your answ														
Pa		tization	10, 01 11 10	100, 0	10 1101 00	mpioto :	000110111	3 101 1110	0010.001	Ornoloo					
1 (AIIOI	<u>tization</u>									(0	,			
(a) Date amortization Amortizable Code Amortization Amort											(f) tization fon his year	r			
42	Amortization of c	osts that begins o	during your 2	2004 tax	year (se	ee page	11 of the	instruc	tions):						
43	Amortization of c	osts that began b	efore your 2	2004 tax	year •							43			
44	Total. Add amour	nts in column (f).	See page 1	2 of the	instructio	ons for w	vhere to	report				44			

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No. 1545-0172

2004

Sequence No. 67

Name(s) shown on return Business or activity to which this form relates Identifying number

res	ST J CADEN			SCH	EDUL	E C	: - 3			400-00-7523
Pai	rt I Election To Expens	e Certain Pr	operty Und	der Sec	tion 17	79				
	Note: If you have any listed									
1	Maximum amount. See page 2 of the		•						1	\$102,000
2	Total cost of section 179 property p						• • • • • •	• • •	2	
3	Threshold cost of section 179 prope	-			• • • •			• • •	3	\$410,000
4	Reduction in limitation. Subtract line							• • •	4	
5	Dollar limitation for tax year. Subtra						-		_	
	separately, see page 3 of the instru								5	
	(a) Description of pr	roperty		(b) Cost (b	usiness use	e only)	(C) Elec	cted cost		
6									-	
_	Listed against Entently and and								-	
7	Listed property. Enter the amount fi			(a) linaa		7			8	
8 9	Total elected cost of section 179 pr	-		i (c), iines	o and 7	• •			9	
9	Tentative deduction. Enter the sma Carryover of disallowed deduction f			4560	• • • •		• • • • • •	• • •	10	
11	Business income limitation. Enter th	-							11	
12	Section 179 expense deduction. Ad						(see inst	<i>'</i>	12	
3	Carryover of disallowed deduction t						Τ	• • •	12	
	: Do not use Part II or Part III below					10				
	rt II Special Deduction A		•		ation(D	o not	t include listed	l propert	v)	
<u> </u>	Special depreciation allowance for							, proport). <i>,</i>	
	service during the tax year (see page					• • •			14	
15	Property subject to section 168(f)(1			structions)		. 		15	
6	Other depreciation (including ACRS		•		·				16	
Pai	rt III MACRS Depreciati				e page 5	of th	e instructions	.)		
	mirtore Doprosius	•••		ection A				,		
17	MACRS deductions for assets place	ed in service in t	ax years begin	ning befo	re 2004				17	
8	If you are electing under section 16	8(i)(4) to group a	any assets plac	ed in serv	ice durin	g the	tax year			
	into one or more general asset acco	ounts, check her	e • • • • •							
	Section B - Assets		ice During 200	04 Tax Ye	ar Using	j the	General Dep	reciatio	n Syst	tem
	(a) Classification of property	(b) Month and year placed in service	(C) Basis for dep (business/investionly-see instru	ment use	(d) Recov	ery ((e) Convention	(f) Meth	nod	(g) Depreciation deduction
9a	3-year property									
b	5-year property			400		5	HY	200	DB	80
С	7-year property									
	10-year property									
	15-year property									
	20-year property									
	25-year property				25 yrs	_		S/L	-	
h	Residential rental				27.5 yr	-	MM	S/L		
	property				27.5 yı		MM	S/L	-	
i	Nonresidential real				39 yrs	3.	MM	S/L	-	
	property	Dia I i O I	- D	4 T V		41 4	MM	S/L		4
10-	Section C - Assets	Placed in Service	ce During 2004	4 lax yea	ar Using	tne A	Alternative D			/stem
	Class life				10	+		S/L	$\overline{}$	
	12-year				12 yrs	-	N 4 N 4	S/L	$\overline{}$	
	40-year	of the instruction	ne)		40 yrs). 	MM	S/L		
<u>Pai</u> 21	rt IV Summary (see page 7 Listed property. Enter amount from		110)			_			21	
22	Total. Add amounts from line 12, lin		7 lines 10 and	20 in col	ımn (a)	and li	ine 21	•••	-1	
	Enter here and on the appropriate I	_							22	٥٨
23	For assets shown above and place	-				110 - 8	•	. • •		80
	enter the portion of the basis attribu		,	, oai,		23				
	שנוווט ביינים ביינים וויט אינים ביינים ביינים ביינים		_557, 00010				1			

Depreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172

2004

Department of the Treasury Internal Revenue Service

Attachment

Sequence No. 67 Name(s) shown on return Business or activity to which this form relates Identifying number TEST 400-00-7523 J CADEN SCHEDULE C -Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses \$102,000 2 Total cost of section 179 property placed in service (see page 3 of the instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 3 \$410,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Deduction Allowance and Other Depreciation(Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions) 15 Property subject to section 168(f)(1) election (see page 4 of the instructions) 15 Other depreciation (including ACRS) (see page 4 of the instructions) MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2004 553 18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here · · · · · · · · · · · · ▶ Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (f) Method (e) Convention (a) Classification of property year placed in (business/investment use (g) Depreciation deduction period service only-see instructions) 19a 3-year property ΗY b 5-year property 350 5 200 DB 70 7-year property 10-year property 15-year property 20-year property 25 yrs. S/I 25-year property Residential rental 27.5 yrs. MM S/L ММ S/I 27.5 yrs. property MM S/L Nonresidential real 39 yrs. MM S/L property Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System 20a Class life S/I b 12-year S/L 12 yrs. 40-year MM S/L Summary (see page 7 of the instructions) Part IV Listed property. Enter amount from line 28

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr

623

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Sec	tion A - Depreciati	on and Other Into	ormation (Ca	aution: S	ee page	e 8 or tn	e instruc	tions for	limits for	basseng	er auto	mobiles	.)		
24a	Do you have evidence	e to support the busir	ness/investmer	nt use clair	ned?		X Yes	No	24b If "	res," is t	he evic	lence wr	itten?	XYes	s No
Ту	(a) /pe of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage		(d) or other pasis		(e) sis for dep usiness/inv use or	reciation estment	(f) Recovery period	Meth Conve		Depr	(h) eciation uction	Ele secti	(i) ected on 179 cost
25	Special deprecia	tion allowance for	qualified lis	ted prop	erty pla	ced in s	ervice du	ring the	tax						
	year and used m	ore than 50% in a	qualified bu	usiness ι	ıse (see	page 8	of the in	structio	ns) •••		25				
26	Property used mo	ore than 50% in a	qualified bu	ısiness ι	ise (see	page 8	of the in	struction	ns):						
		1 1	%												
		1 1	%												
			%												
27	Property used 50				(see pa	ge 8 of	the instru	ctions):							
<u>AU</u>	TO	19990124	6 %							S/L-					
			%							S/L-					
			%							S/L-				_	
28	Add amounts in o		_								28		1		
29	Add amounts in o	column (i), line 26									• • •	• • • •	29)	
							n on Use								
Con	plete this section	for vehicles used	by a sole p	roprietor	partne	r, or oth	er "more	than 5%	owner," o	or related	d perso	n.			
If you	provided vehicles to	your employees, first	answer the que	estions in S	Section C	to see if y	ou meet a	n exception	n to complet	ing this se	ction for	those veh	icles.		
30	Total business/invest	tment miles driven du	ring	(4	a)		(b)		(c)	(d))	(e)	(f)
	the year (do not incl	ude commuting miles	-	Vehic		Veh	icle 2	Veh	icle 3	Vehicle	e 4	Vehi	cle 5	Vehic	de 6
•	see page 2 of the ins				<u>99</u>			ļ							
31	Total commuting			2	<u>50</u>			ļ							
32	Total other perso	•													
22	miles driven • •			<u>10,1</u>	75										
33	Total miles driver														
24	Add lines 30 thro					Vac	T No.	Vac	No	Vaa	Na	Vac	Na	Vaa	No
34	Was the vehicle	•	onai	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
25	use during off-du	-		<u>X</u>			-								
35	Was the vehicle			,,											
36	more than 5% ow Is another vehicle			<u>X</u>											
30	use? • • • • •	•		37											ĺ
	use: • • • •	Section C -		for Emi	lovore	Who P	rovide V	obiclos	for Uso b	y Thoir	Emplo	V006			
Anci	wer these question			-	-					-	-	-			
	not more than 5%		•			•	•	11 D 101 V	eriicies us	ed by er	прюус	CS WIIO			
	not more than 670	OWNERS OF TELLEC	a persons (s	cc page	10 01 11	ic iniotic	otiono).							Yes	No
37	Do you maintain	a written nolicy st	atement tha	t prohibi	ts all ne	rsonal i	ise of vel	nicles ir	ncludina ca	mmutin	7				
•	by your employee					• • • •					· · · ·				ĺ
38	Do you maintain		atement tha	t prohibi	ts perso	nal use	of vehicl	es. exce	ept commu	ıtina. bv	vour ei	nplovee	s?		
	See page 10 of the	-									• • •				ĺ
39	Do you treat all u			•	•										
40	Do you provide n	•								es abou	t				
	the use of the vel		-												ĺ
41	Do you meet the	requirements cor	ncerning qua	alified au	tomobile	e demor	nstration	use? (S	ee page 1	0 of the i	nstruct	ions.)			
	Note: If your answ											,			
Pa	_	tization													
	7 (11)	<u> </u>					(-)		(-1)		(e	<u>, </u>			
	(a)		Date amo	b) ortization			(c) rtizable		(d) Code		Amortiz	ation	Amo	(f) tization fo	or
	Description of	of costs		gins			nount		section	1	period percen			nis year	
42	Amortization of c	osts that begins of	luring your 2	2004 tax	year (se	ee page	11 of the	instruc	tions):	<u> </u>		<u> </u>			
		-													
43	Amortization of c	osts that began b	efore your 2	004 tax	year •							43			
44	Total. Add amou	nts in column (f).	See page 12	2 of the i	nstructio	ons for v	where to	report				44			

Depreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172

2004

Attachment

Department of the Treasury Internal Revenue Service Name(s) shown on return

Business or activity to which this form relates

Sequence No. 67

Identifying number TEST 400-00-7523 J CADEN SCHEDULE C -Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses \$102,000 2 Total cost of section 179 property placed in service (see page 3 of the instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 3 \$410,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Deduction Allowance and Other Depreciation(Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions) 15 15 Property subject to section 168(f)(1) election (see page 4 of the instructions) Other depreciation (including ACRS) (see page 4 of the instructions) MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2004 18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (f) Method (e) Convention (a) Classification of property year placed in (business/investment use (g) Depreciation deduction period service only-see instructions) 19a 3-year property 1,000 ΗY 200 DB b 5-year property 5 200 7-year property 10-year property 15-year property 20-year property 25 yrs. S/I 25-year property Residential rental 27.5 yrs. MM S/L ММ S/I 27.5 yrs. property MM S/L Nonresidential real 39 yrs. MM S/L property Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12-year S/L 12 yrs. 40-year MM S/L Summary (see page 7 of the instructions) Part IV Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 200 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Depreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172

2004

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attachment Sequence No. 67

Business or activity to which this form relates Identifying number TEST 400-00-7523 J CADEN SCHEDULE F -Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses \$102,000 2 Total cost of section 179 property placed in service (see page 3 of the instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 3 \$410,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Deduction Allowance and Other Depreciation(Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions) 15 15 Property subject to section 168(f)(1) election (see page 4 of the instructions) Other depreciation (including ACRS) (see page 4 of the instructions) MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2004 18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (f) Method (e) Convention (a) Classification of property year placed in (business/investment use (g) Depreciation deduction period service only-see instructions) 19a 3-year property ΗY b 5-year property 3,500 5 150 DB 525 7-year property 10-year property 15-year property 20-year property 25 yrs. S/I 25-year property Residential rental 27.5 yrs. MM S/L ММ S/I 27.5 yrs. property MM S/L Nonresidential real 39 yrs. MM S/L property Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System 20a Class life S/I 12-year S/L 12 yrs. 40-year MM S/L Summary (see page 7 of the instructions) Part IV Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 525 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Depreciation and Amortization (Including Information on Listed Property)

➤ See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172

2004

Department of the Treasury Internal Revenue Service Name(s) shown on return

Attachment Sequence No. 67

Business or activity to which this form relates Identifying number TEST 400-00-7523 J CADEN SCHEDULE E -Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 1 Maximum amount. See page 2 of the instructions for a higher limit for certain businesses \$102,000 2 Total cost of section 179 property placed in service (see page 3 of the instructions) 2 3 Threshold cost of section 179 property before reduction in limitation 3 \$410,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing 5 (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 10 10 Carryover of disallowed deduction from line 13 of your 2003 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2005. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Deduction Allowance and Other Depreciation(Do not include listed property.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see page 3 of the instructions) 15 Property subject to section 168(f)(1) election (see page 4 of the instructions) 15 Other depreciation (including ACRS) (see page 4 of the instructions) MACRS Depreciation (Do not include listed property.) (See page 5 of the instructions.) Section A MACRS deductions for assets placed in service in tax years beginning before 2004 18 If you are electing under section 168(i)(4) to group any assets placed in service during the tax year into one or more general asset accounts, check here · · · · · · · · · · · · ▶ Section B - Assets Placed in Service During 2004 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery (f) Method (e) Convention (a) Classification of property year placed in (business/investment use (g) Depreciation deduction period service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property 25 yrs. S/L 25-year property Residential rental 2004-06 18,000 27.5 yrs. MM S/L 355 ММ S/I 27.5 yrs. property MM S/L Nonresidential real 39 yrs. MM S/L property Section C - Assets Placed in Service During 2004 Tax Year Using the Alternative Depreciation System 20a Class life S/I b 12-year S/L 12 yrs. 40-year MM S/L Summary (see page 7 of the instructions) Part IV Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr 355 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs 23

Depreciation and Amortization (Including Information on Listed Property)

► See separate instructions.

► Attach to your tax return.

OMB No. 1545-0172

2004

Department of the Treasury Internal Revenue Service Name(s) shown on return

Business or activity to which this form relates

Attachment

Sequence No. 67

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	ST J CADEN			SCHEDULE				400-00-7523
Pa	rt I	se Certain P	roperty Under	Section 179				
	Note: If you have any liste			· · · · · · · · · · · · · · · · · · ·				_
1	Maximum amount. See page 2 of t		•		s • • • • •	• • •	1	\$102,000
2	Total cost of section 179 property						2	
3	Threshold cost of section 179 prop	-					3	\$410,000
4	Reduction in limitation. Subtract lin		•	-		• • •	4	
5	Dollar limitation for tax year. Subtra				-			
	separately, see page 3 of the instr	uctions • • • •				• • •	5	
	(a) Description of p	property	(b)	Cost (business use on	lly) (c) Ele	cted cost		
6								
7	Listed property. Enter the amount		• • • • • • • •				_	
8	Total elected cost of section 179 p						8	
9	Tentative deduction. Enter the small						9	
10	Carryover of disallowed deduction						10	
11	Business income limitation. Enter t				line 5 (see ins	tructions)	11	
12	Section 179 expense deduction. A			_		• • •	12	
13	Carryover of disallowed deduction				3			
	Do not use Part II or Part III below		•					
Pa						d proper	ty.)	Т
14	Special depreciation allowance for							
	service during the tax year (see pa	-					14	
15	Property subject to section 168(f)(=		• • • • • •		15	
16	Other depreciation (including ACR						16	
Pa	rt III MACRS Depreciat	ion (Do not inc			the instructions	5.)		
4-	MAGRO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Section				4-7	Ι
17	MACRS deductions for assets place					• • •	17	
18	If you are electing under section 10							
	into one or more general asset acc						n C	40 ma
	Section B - Asset	(b) Month and	(c) Basis for deprecia	1		reciatio	n Sys	tem I
	(a) Classification of property	year placed in service	(business/investment only-see instruction	use (a) Recovery	(e) Convention	(f) Met	hod	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property							
е	15-year property							
f	20-year property							
g	25-year property			25 yrs.		S/L		
h	Residential rental	2004-04	22,00	0 27.5 yrs.	MM	S/L		567
	property			27.5 yrs.	MM	S/L		
i	Nonresidential real			39 yrs.	MM	S/L		
	property				MM	S/L		
	Section C - Assets	Placed in Servi	ce During 2004 Ta	x Year Using the	Alternative D	eprecia	tion S	ystem
20a	Class life					S/L		
b	12-year			12 yrs.		S/L		
С	40-year			40 yrs.	MM	S/L		
Pa	rt IV Summary (see page	7 of the instruction	ons)					
21	Listed property. Enter amount from						21	
22	Total. Add amounts from line 12, li	ines 14 through 1	17, lines 19 and 20	in column (g), and	d line 21.			
	Enter here and on the appropriate	lines of your retu	ırn. Partnerships ar	nd S corporations	- see instr •		22	567
23	For assets shown above and place	ed in service duri	ng the current year	,				
	enter the portion of the basis attrib	utable to section	263A costs · ·	2	3			

What Is Form 1040-V and Do You Have To Use It?

It is a statement you send with your check or money order for any balance due on line 74 of your 2004 Form 1040. Using Form 1040-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form 1040-V, but there is no penalty if you do not.

How To Fill In Form 1040-V

Line 1. Enter your social security number (SSN). If you are filing a joint return, enter the SSN shown first on your return.

Line 2. If you are filing a joint return, enter the SSN shown second on your return.

Line 3. Enter the amount you are paying by check or money order.

Line 4. Enter your name(s) and address exactly as shown on your return. Please print clearly.

How To Prepare Your Payment

- Make your check or money order payable to the "United States Treasury." Do not send cash.
- Make sure your name and address appear on your check or money order.
- Enter "2004 Form 1040," your daytime phone number, and your SSN on your check or money order.
 If you are filing a joint return, enter the SSN shown first on your return.
- To help process your payment, enter the amount on the right side of your check like this: \$ XXX.XX. Do not use dashes or lines (for example, do not enter "\$ XXX─" or "\$ XXX^{XX}₁₀₀").

City, town or post office, state, and ZIP code

96222

FPO, AP

How To Send In Your 2004 Tax Return, Payment, and Form 1040-V

- Detach Form 1040-V along the dotted line.
- Do not staple or otherwise attach your payment or Form 1040-V to your return or to each other. Instead, just put them loose in the envelope.
- Mail your 2004 tax return, payment, and Form
 1040-V in the envelope that came with your 2004 Form
 1040 instruction booklet.

Note. If you do not have that envelope or you moved or used a paid preparer, mail your return, payment, and Form 1040-V to the Internal Revenue Service at the address shown that applies to you.

Paperwork Reduction Act Notice. We ask for the information on Form 1040-V to help us carry out the Internal Revenue laws of the United States. If you use Form 1040-V, you must provide the requested information. Your cooperation will help us ensure that we are collecting the right amount of tax.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Internal Revenue Code section 6103.

The time needed to complete and mail Form 1040-V will vary depending on individual circumstances. The estimated average time is 12 minutes. If you have comments about the accuracy of this time estimate or suggestions for making Form 1040-V simpler, we would be happy to hear from you. See the Instructions for Form 1040.

	▼ Detach Here and Mail With Your	Payme	nt and Return	lacktriangle		Form 104
CADE						
Form 1040-V	Payment V	ouch	er		OMB No.	1545-0074
Department of the Treasury Internal Revenue Service (99)	▶ Do not staple or attach this vouch	er to yo	ur payment or	return.	20	004
1 Your social security number (S	SN) 2 If a joint return, SSN shown second on your return	a c	mount you re paying by heck or noney order	Dol	6,531	Cents
4 Your first name and initial			Last name			
TEST J			CADEN			
If a joint return, spouse's first n	ame and initial		Last name			
Home address (number and st	root)				Ι,	pt. no.

Declaration Cor	ntrol Number ((DCN)	ı					
0 0 - 5	6 1 3	3 2 - 0 1 0 2 3 -	- 5	IRS Use Only - Do	not write	or staple i	n this spa	ce.
Form 8453	3	U.S. Individu	ial Income an IRS e-fi	e Tax Declar ile Return	atior	1		OMB No. 1545-0936
Department of the Treasury			e year January 1-December 31, 2004					2004
Internal Revenue	Service	rst name and initial	► See inst	name		Ī	Your so	cial security number
	LITTE	T J		DEN				-00-7523
Use the IRS label.		nt return, spouse's first name and initial		name				's social security number
Otherwise, please	H Home a	address (number and street). If you have a	P.O. box, see instruc	ctions.	Apt	. no.	A	Important!
print or type.	E USS	ROBERT E LEE						You must enter
	E City, to	wn or post office, state, and ZIP code						our SSN(s) above.
	FPO	, AP 96222					•	phone number
Part I T	av Return	Information(Whole dollars or	nlv)				503	-555-1023
		Form 1040, line 37; Form 1040A, I		0EZ, line 4) • • • •			. 1	62,776
2 Total tax (Form 1040, lin	ie 62; Form 1040A, line 38; Form 1	040EZ, line 10)				. 2	7,941
		held (Form 1040, line 63; Form 104		,			. 3	1,410
		72a; Form 1040A, line 45a; Form					. 4	
		1040, line 74; Form 1040A, line 47					. 5	6,531
		n of Taxpayer (Sign only after be directly deposited as designated in the						•
To revo (settlerr informa If I have filed a ba liability and all app Federal return will Under penalties o for the tax year er in Part I above are return to the IRS a	ke a payment, I n nent) date. I also a tion necessary to lance due return, licable interest al I be rejected. If perjury, I declara ding December 30 e the amounts 30 and to receive froi	nuthorization is to remain in full force and el nust contact the U.S. Treasury Financial Agauthorize the financial institutions involved answer inquiries and resolve issues relate. I understand that if the IRS does not receind penalties. If I have filed a joint Federal age that I have examined a copy of my electroid and to the best of my knowledge own on the copy of my electronic income to me the IRS (a) an acknowledgment of recy in processing the return, and (d) the date.	gent at 1-888-353-4 in the processing of t d to the payment. we full and timely pay and state tax return a ponic individual incomand belief, it is true, tax return. I consent to teipt or reason for rejet or re	1537 no later than 2 busine electronic payment of tament of my tax liability, I wand there is an error on my e tax return and accompanion correct, and complete. I furnal allow my electronic return	ness days axes to rec vill remain I state retur aying schee ther decla	prior to the ceive confi- iable for the n, I underst dules and re that the	e payment dential ne tax stand my statement amounts send my	s
Sign								
Here	Your signa		Date	Spouse's signat				
I declare that I have only a collector, I have signed this for other requirement examined the abo	ve reviewed the a am not responsib form before I subn ts in Pub. 1345, ove taxpayer's retu	an of Electronic Return On above taxpayer's return and that the entries alle for reviewing the return and only declare mit the return. I will give the taxpayer a cop Handbook for Authorized IRS e-file Providum and accompanying schedules and stated declaration is based on all information of w	on Form 8453 are content that this form accurately of all forms and inferes. If I am also the Perments, and to the beaments, and to the beaments.	omplete and correct to the ately reflects the data on thormation to be filed with the aid Preparer, under penalt set of my knowledge and beledge. Check if also paid	best of my le return. e IRS, and ies of perji elief, they	v knowledg The taxpay I have folloury I decla are true, c	ge. If I am yer will owed all re that I ha orrect,	
ERO's signatur	re			preparer	emplo	oyed		
Use Firm's n		DRAKE SOFTWARE						94243
	self-employed), s, and ZIP code	FRANKLIN, NC 2	TREET 8734			Phone no		-8020
		e that I have examined the above taxpayer, correct, and complete. This declaration is	s return and accomp					<u> </u>
g- and bu	Preparer's signature			Date	Check if self-		Pre	parer's SSN or PTIN
Paid	Eirm's name (a	or \		1		EIN	· <u>I</u>	
Preparer's Use Only	Firm's name (o yours if self-em address, and Z	nployed),				Phone no		

Qualified Dividends and Capital Gain Tax Worksheet

For Form 1040, Line 43 or Form 1040A, Line 28 (keep for your records)

(keep for your records)	
NAME	SSN
IEST J CADEN	400-00-7523
 See the instructions for line 43 on page 33 to see if you can use this worksheet to figure your tax. If you do not have to file Schedule D and you received capital gain distributions, be sure you checked the box on line 13 of Form 1040. 	
 Enter the amount from Form 1040, line 42 or Form 1040A, line 27 Enter the amount from Form 1040, line 9b or Form 1040A, line 9b Are you filing Schedule D? 	
Yes. Enter the smaller of line 15 or 16 of Schedule D, but do not enter less than -0- X No. Enter the amount from Form 1040, line 13	325_
 4. Add lines 2 and 3	4145_
the amount from line 4g of that form. Otherwise enter -0-	· · · · 5
6. Subtract line 5 from line 4. If zero or less, enter -0-	
7. Subtract line 6 from line 1. If zero or less, enter -0-8. Enter the smaller of:	49,281
• The amount on line 1 or	838,900
9. Is the amount on line 7 equal to or more than the amount on line 8? X Yes. Skip lines 9 through 11; go to line 12 and check the "No" box. No. Enter the amount from line 7	9.
10. Subtract line 9 from line 8 · · · · · · · · · · · · · · · · · ·	10.
11. Multiply line 10 by 5% (.05) 12. Are the amounts on lines 6 and 10 the same? Yes. Skip lines 12 through 15; go to line 16. No. Enter the smaller of line 1 or line 6	
13. Enter the amount from line 10 (if line 10 is blank, enter -0-)	
14. Subtract line 13 from line 12 • • • • • • • • • • • • • • • • • •	14. 145
15 . Multiply line 14 by 15% (.15)	
16. Figure the tax on the amount on line 7. Use the Tax Table or Tax Computation Worksheet, whichever applie 17. Add lines 11, 15, and 16	
17. Add lines 11, 15, and 16 18. Figure the tax on the amount on line 1. Use the Tax Table or Tax Computation Worksheet, whichever applie	
19. Tax on all taxable income. Enter the smaller of line 17 or line 18. Also include this amount on Form 1040, line 43 or Form 1040A, line 28	· · · · 19. 7,941

Worksheet B Form 1040	Earned Income Credit (EIC)Line 63 (Keep for Your Records)	2004
Name(s) as shown on return		Your social security number
TEST J CADEN		400-00-7523
Part 1 Self-Employed, Members of the Clergy, and People With Church Employee Income Filing Schedule SE	 1a. Enter the amount from Schedule SE, Section A, line 3, or Section B, line 3, whichever applies. b. Enter any amount from Schedule SE, Section B, line 4b and line 5a. c. Combine lines 1a and 1b. d. Enter the amount from Schedule SE, Section A, line 6, or Section B, line 13, whichever applies. e. Subtract line 1d from 1c. 	1c 1d
Part 2 Self-Employed NOT Required To File Schedule SE For example, your net earnings from self-employment were less than \$400.	 2. Do not include on these lines any statutory employee income or any amount exempt from self-employment tax as the result of the filing and approval of Form 4029 or Form 4361. a. Enter any net farm profit or (loss) from Schedule F, line 36, and from farm partnerships, Schedule K-1 (Form 1065), line 15a*. b. Enter any net profit or (loss) from Schedule C, line 31; Schedule C-EZ, line 3; Schedule K-1 (Form 1065), line 15a (other than farming); and Schedule K-1 (Form 1065-B), box 9*. c. Combine lines 2a and 2b. *If you have any Schedule K-1 amounts, complete the appropriate line(s) of Schedule SE Put your name and social security number on Schedule SE and attach it to your return. 	2a 95 2b (1,508)
Part 3 Statutory Employees Filing Schedule C or C-EZ Part 4 All Filers Using	 3. Enter the amount from Schedule C, line 1, or Schedule C-EZ, line 1, that you are filing as a statutory employee. 4a. Combine lines 1e, 2c, 3 and 4a. This is your total earned income. 	4a (1,413)
Worksheet B Note. If line 4a includes income on which you should have paid self- employment tax but did not, we may reduce your credit by the amount of self-employment tax not paid.		

Student Loan Interest Deduction Form 1040, Line 25, or Form 1040A, Line 18 (Keep for Your Records)

Name	(s) as shown on return	Your social security number
TES	ST J CADEN	400-00-7523
1.	Enter the total interest you paid in 2004 on qualified student loans (defined on page 26) Do not enter more than \$2,500 · · · · · · · · · · · · · · · · · ·	· 1. <u>131</u>
2.	Enter the the amount from Form 1040, line 22 or Form 1040A, line 15 • • • • • • • 2. 63,628	_
3.	Enter the total of the amounts from Form 1040, lines 23, 24, 27 through 32a, plus	
	any amount you entered on the dotted line next to line 33, or the total of the	
	amounts from Form 1040A, lines 16 and 17	_
4.	Subtract line 3 from line 2	_
5.	Enter the amount shown below for your filing status. • Single, head of household, or qualifying widow(er) - \$50,000 • Married filing jointly - \$100,000	_
6.	Is the amount on line 4 more than the amount on line 5? No. Skip lines 6 and 7, enter -0- on line 8, and go to line 9. Yes. Subtract line 5 from line 4 · · · · · · · · · · · · · 6. 12,795	_
7.	Divide line 6 by \$15,000 (\$30,000 if married filing jointly). Enter the result as a decimal (rounded to at least three places). If the result is 1.000 or more, enter 1.000	. 7. 0.853
8.	Multiply line 1 by line 7	. 8112_
9.	Student loan interest deduction. Subtract line 8 from line 1. Enter the result here and on Form 1040, line 25 or Form 1040A, line 18. Do not include this amount in figuring any other deduction on your return (such as on Schedule A, C, E, etc.)	· 919_

1040	Dividend Listing
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2004

Name(s) as shown on return

TE	TEST J CADEN					400-00-7523		
TSJ	NAME OF PAYER	RES STATE	ORDINARY DIV	QUALIFIED DIV	25% RATE	14% RATE	FEDERAL INCOME TAX W/H	
	A & B CORP ABC CORP		120 44	120				
	TOTALS		164	120				